

Case Number:	CM13-0052700		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2002
Decision Date:	04/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 68-year-old male who reported an injury on 4/23/02. The mechanism of injury was cumulative trauma. The patient is diagnosed with left knee internal derangement, status post left knee surgery, cervical spondylosis, chronic cervical sprain/strain, and mild right shoulder impingement syndrome. His symptoms include neck pain with occasional radiating symptoms, and bilateral knee pain. Physical examination of the cervical spine revealed reduced range of motion, spasm, and tenderness. His range of motion of the left knee revealed lateral joint line tenderness, positive McMurray's test, and mild range of motion deficits. Objective findings in the right knee indicated a positive patellar grinding test, crepitus, and pain with motion. His treatment plan was noted to include continued participation in his home exercise program and chiropractic treatment for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CHIROPRACTIC CARE FOR MULTIPLE BODY PARTS, ONCE A MONTH FOR 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation may be recommended when used as an adjunct to a therapeutic exercise program to promote functional gains in patients with chronic pain caused by musculoskeletal conditions. The guidelines specify that the chiropractic care may be recommended at 1-2 times a week for the first two weeks followed by once a week for the next six weeks for a maximum of eight weeks. In addition, guidelines specify that documentation should show objective improvement within the first 4-6 treatments. The guidelines further indicate that extended durations of care beyond the maximum recommended may be necessary for cases of re-injury, interrupted continuity of care, exacerbations of symptoms, or for patients with comorbidities. The clinical information submitted for review indicated that the patient's treatment plan on 9/10/13 included chiropractic care for the cervical spine. However, the documentation failed to indicate whether the patient has previously been treated with manual therapy and manipulation and whether he received benefit from that treatment. In the absence of details regarding the patient's past chiropractic treatment, it is unclear whether he has exceeded the maximum duration recommended by the guidelines. Based on the above information, the request is noncertified.