

Case Number:	CM13-0057380		
Date Assigned:	12/30/2013	Date of Injury:	09/09/2013
Decision Date:	05/02/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 injured worker is a 55-year-old female who reported an injury on 09/09/2013. The injury reportedly occurred when she slipped on wet material and twisted her lower back and right lower extremity. The injured worker is diagnosed with lumbosacral sprain, lumbar intervertebral disc displacement without myelopathy, myalgia/myositis, SI joint subluxation, and right knee sprain/strain with probable internal derangement. The injured worker was evaluated on 10/11/2013. The injured worker reported 5/10 lower back pain and 6/10 right knee pain. Physical examination revealed swelling and tenderness to deep palpation of the entire joint line of the right knee, limited range of motion, and guarding with tenderness to palpation of the lumbar spine. Treatment recommendations included 6 chiropractic therapy sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 CHIROPRACTIC THERAPY SESSIONS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the knee is not recommended. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.