

Case Number:	CM13-0057870		
Date Assigned:	12/30/2013	Date of Injury:	10/18/2011
Decision Date:	09/16/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/26/2013

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 Board Certified in Orthopedic Surgery and is licensed to practice in California. 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:

This is a 37-year-old male who sustained a vocational injury on 10/18/11 when he was opening a trailer door and fell. In an office note dated 12/30/13, the claimant's diagnosis was listed as left knee internal derangement, sciatica, and right derangement of the shoulder. The office note documented complaints of left knee pain, right shoulder pain, and low back pain. It was also documented that the claimant needed to talk to his adjuster regarding further chiropractic care. This review is for outpatient chiropractic therapy for the left knee, low back and right shoulder for eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic Therapy for the Left Knee, Lower Back and Right Shoulder, 2 Times Per Week Over 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43-45, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: California ACOEM Guidelines recommend a complete review of the past history is essential prior to certifying any additional treatment or diagnostic testing. California MTUS Chronic Pain Guidelines note that manual therapy and manipulation may be considered medically reasonable and support six visits over two weeks with a total up to 18 visits for the low back, however, the knee is not recommended for chiropractic treatment. Documentation presented for review suggests the claimant has already received chiropractic treatment. However, the quantity and response to the initial chiropractic treatment is not noted in the records. Prior to considering additional chiropractic treatment, it would be essential to know the previous quantity of therapy as well as the response to the initial therapy. In addition, manual therapy manipulation in the form of chiropractic treatment is not recommended as medically necessary for the knee. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines and California Chronic Pain Medical Treatment Guidelines, the request for the outpatient chiropractic therapy for the left knee, low back and right shoulder for eight sessions cannot be considered medically necessary.