MAXIMUS Federal Services

Case Number:	CM13-0059837		
Date Assigned:	12/30/2013	Date of Injury:	06/22/2012
Decision Date:	04/04/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 physician 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 56-year-old female who has complaints of pain in the back area and knees bilaterally with weight bearing and squatting. Per a 12/03/2013 office visit, the patient had tenderness to palpation at the lumbar paravertebral musculature and sciatic notch region. There are trigger points and taught bands with tenderness to palpation noted throughout. Examination of the bilateral knees revealed tenderness to palpation along the medial/lateral joint line. There was crepitus noted with general range of motion in both knees. The patient is diagnosed with lumbar myoligamentous injury with right bilateral lower extremity radicular symptoms, right knee medial meniscus tear, status post arthroscopy of 06/28/2013, and left knee medial meniscus tear. Per the treatment plan, the physician is requesting authorization for bilateral knee rehabilitation kit. The patient recently received a TENS unit as well as a lumbar traction unit for the lumbar spine which she noted has been useful. The physician is also considering a supportive left knee brace for the future due to her left knee instability. The patient had a lumbar MRI on 11/20/2013; report is pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x 6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58 - 60.

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

Decision rationale: The patient had a date of injury of 06/22/2012 in which she stepped down from a company van and her knee buckled. She had acute onset of pain in the right knee. The patient also injured her lumbar spine at this time and had significant pain in her lower back and right knee. The patient has received extensive physical therapy which treated the patient for both knees and her lower back. During the physical therapy, it is noted that the patient has done well. The guidelines, therefore, anticipate that the patient would transition to an independent home exercise program. It is noted in the documentation that the patient is motivated to do her own self-directed therapy at home at this time, also has received a TENS unit/lumbar traction unit for her lumbar spine which she stated she did find useful at home. The documentation does note that the patient is on Norco 10/325 mg, does not have frequency that the patient is taking it, nor does it note that the medication has assisted with pain relief for the patient. There was no pain assessment completed in the documentation provided. The request was chiropractic 1 times a week times 6 weeks. The guidelines do note the manual therapy or chiropractic sessions are recommended for chronic pain, low back, there is a therapeutic care or trial option of 6 visits over 2 weeks. The request is over 6 weeks which would exceed the therapeutic trial. Therefore, the request is non-certified. The patient on assessment of 12/03/2013 was noted to have diagnosis of lumbar myoligamentous injury with right bilateral lower extremity radicular symptoms, right knee medial meniscus tear status post arthroscopy, left knee medial meniscus tear. On exam for bilateral knees, it revealed tenderness to palpation along the medial/lateral joint line, crepitus noted with general range of motion in both knees. The patient has had a substantial amount of physical therapy pre and post for the right knee. It was noted in the treatment plan from this office visit the patient is motivated to do her own self-directed home exercise program at this point. It was noted that the patient did have pain in the knees and lower back on this appointment and is prescribed Norco 10/325 mg. There was no pain assessment completed on this appointment date to note the numerical number of consistent pain the patient is having, if the pain medication as part of conservative care is working, if the pain medication is giving any relief for the patient. California Guidelines do note up to 12 post-op visits after treatment for derangement of the meniscus. The patient has substantially exceeded this guideline and documentation did note that the patient had done well. Therefore, the request is non-certified.