

Case Number:	CM13-0068496		
Date Assigned:	01/03/2014	Date of Injury:	07/11/2011
Decision Date:	03/31/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert reviewer is Licensed in Chiropractor 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:

The claimant is a 45-year-old male who was involved in a work injury on 7/11/2011 in which he injured his knee. The injury was described as the claimant was pulling a pallet of meat with pallet jack when he felt a pop in his knee. Due to continued complaints the claimant underwent total knee arthroplasty on 2/7/2012. As a result the claimant developed peroneal nerve palsy and foot drop. The claimant reportedly later developed lower back pain. The recommendation was for a course of chiropractic treatment. The claimant was certified 4 chiropractic treatments. A subsequent request in September 2013 resulted in certification of 6 additional chiropractic treatments for the lumbar spine. On 11/22/2013 the claimant was evaluated by [REDACTED]. The claimant was diagnosed with sciatica. The claimant noted sciatic neuritis pain levels of 6/10 on the visual analogue scale. The recommendation was for a course of myofascial release and specific chiropractic manipulation of the lumbar spine. Pain levels were reportedly "reduced from 6/10 to 4/10." On 12/9/2013 the claimant was evaluated by [REDACTED] for complaints of "persistent severe stiffness in the left knee with associated spasticity of the entire left leg, including the quadriceps, hamstrings and calf musculature." The report indicates that the claimant receives "symptomatic relief with his weekly chiropractic visits." The claimant was diagnosed with severe left leg spasticity post left total knee, left peroneal nerve palsy post total knee with clear clinical evidence of a deficit but to negative EMGs, and possible mechanical loosening of the left total knee with a positive bone scan and increasing left knee pain and swelling. The recommendation was for a pain management consultation or neurologist consultation. The provider also submitted an RFA requesting 6 chiropractic treatments based on the recommendation from [REDACTED] for the lumbar spine. This request was denied by peer review. The rationale was that there no documentation of objective functional improvements as

a result of the prior chiropractic treatments." The purpose of this review is to determine the medical necessity for the requested 6 chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Additional Chiropractic Treatments Quantity 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Treatment Guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The claimant initially underwent a course of chiropractic treatment that brought about overall functional improvement resulting in certification of 4 additional chiropractic treatment. A subsequent authorization for 6 additional treatments was provided on 9/12/2013. The only document indicating the claimant's clinical status following this course of care was the 11/22/2013 attending physician's report from [REDACTED]. This report contained no evidence of functional improvement. The only notation of a change in the claimant's condition was sciatic neuritis "pain has reduced from 6/10 to 4/10." Pain is not a sufficient rationale for continued treatment. There was no evidence of functional improvement including improved activities of daily living or work capacity. Therefore, given the absence of documented functional improvement as a result of the most recent course of care, the medical necessity for the requested 6 additional treatments was not established.