

Case Number:	CM13-0070007		
Date Assigned:	01/03/2014	Date of Injury:	01/20/2009
Decision Date:	05/18/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine & Rehabilitation 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 50 year-old female patient sustained a slip and fall injury on 1/20/09. The patient is s/p left knee arthroscopic partial medial meniscectomy and chondroplasty of medial femoral condyle and lateral tibial plateau and patella on 12/13/10. Diagnoses include lumbar spine strain/sprain with HNP; continuous left knee pain with probable meniscus tear; morbid obesity; and dental trauma. Report of 10/23/13 from the provider noted patient with persistent low back pain flare-ups with numbness & tingling radiating into left lower extremity to mid-calf region; spasm and myofascial trigger points over bilateral paraspinal lumbar musculature; decreased range limited by pain; tenderness of left knee over medial joint line and popliteal fossa with range of 0-125 degrees; patellofemoral crepitus; slight antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT (8 SESSIONS): 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 Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued chiropractic treatment consistent with guidelines criteria of functional benefit. The chiropractic treatment is not medically necessary and appropriate.