

Case Number:	CM13-0071405		
Date Assigned:	01/22/2014	Date of Injury:	04/01/2010
Decision Date:	06/06/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/27/2013

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 Chiropractic Medicine, 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 injured worker is a 49-year-old who reported an injury on April 1, 2010 secondary to a slip and fall. She was treated previously with an unknown duration of physical therapy in 2012. The injured worker was evaluated on October 8, 2013 and reported ongoing 6/10 pain in the left hand and bilateral knees. The injured worker was not using any pain medications at the time of the evaluation according to the clinical note provided. On physical exam, she was noted to have bilateral patellofemoral crepitus, tenderness to palpation in the medial and lateral joint lines, 4/5 strength and positive McMurray's tests. She was able to demonstrate 125 degrees of flexion of the left knee and 135 degrees of flexion of the right knee. She was also noted to have tenderness to palpation over the second phalanges pulley of the left hand with negative Phalen's, carpal compression, CMC grind, and Tinel's tests. Left wrist range of motion values were noted to include 50 degrees of extension, 50 degrees of flexion, 20 degrees of radial deviation, and 30 degrees of ulnar deviation. A request for authorization was submitted on November 22, 2013 for 8 sessions of chiropractic treatment with physiotherapy for the bilateral knees and left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF CHIROPRACTIC TREATMENT WITH PHYSIOTHERAPY FOR THE BILATERAL KNEES AND LEFT HAND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: The injured worker reported hand pain and bilateral knee pain. She was noted to have a positive McMurray's test of the bilateral knees with decreased strength and range of motion. She was also noted to have tenderness to palpation over the second phalanges pulley of the left hand with decreased range of motion of the left wrist. The Chronic Pain Medical Treatment Guidelines do not recommend chiropractic therapy for the forearm, wrist, hand or knee. Therefore the request for chiropractic treatment for the bilateral knees and left hand is not supported by evidence-based guidelines. Additionally, the guidelines state that the use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The request as written does not indicate the desired modality of physiotherapy. Therefore, it cannot be determined if the requested treatment involves the use of active modalities. The request for eight sessions of chiropractic treatment with physiotherapy for the bilateral knees and left hand is not medically necessary or appropriate.