

Case Number:	CM14-0013601		
Date Assigned:	02/26/2014	Date of Injury:	08/04/2000
Decision Date:	06/27/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 Mississippi. 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 58-year-old female who was injured on August 04, 2000. An evaluation completed in December, 2013 noted a history of chronic progressive low back pain. Additional injuries to the bilateral ankles, knees, mid and upper back are also reported in this evaluation. The physical examination noted the injured worker to be in no acute distress. The assessment was lumbar radiculopathy and facet joint arthropathy. Enhanced imaging studies of the cervical, thoracic and lumbar spine been completed. A short course of physical therapy was approved in the preauthorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-RAY BILATERAL KNEE 3 VIEW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter-Radiography (X-Rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: When noting the date of injury, the mechanism of injury, the clinical interventions completed in the thirteen years subsequent, the current physical examination and

the parameters identified in the MTUS, there is no clinical indication for plain films of the knee this far out. As such, this insufficient information does not support this request.

CHIROPRACTIC THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: When noting the date of injury, the multiple varied complaints, and the multiple treatments completed, there is no indication to initiate chiropractic care. Furthermore, as outlined in the ACOEM guidelines, chiropractic interventions should be completed in the acute phase and is not supported more than a decade and a half after the date of injury. As such, there is insufficient clinical information to support this request.

MASSAGE THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Massage Therapy..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

Decision rationale: When noting the date of injury, injury sustained, treatment rendered, the current physical examination reported, the age of the injured employee and the parameters listed in the ACOEM guidelines, there is no clinical indication for manipulation at this time. As such, this is not clinically indicated.

GYM MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter updated June

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter updated June, 2014

Decision rationale: When considering the date of injury, the age of the injured worker, the current physical examination findings as well as taking note of the multiple interventions already completed, this is not clinically indicated. Neither the MTUS or ACOEM guidelines address gym membership. The ODG was used. There is no clear indication that a gym membership would be monitored or delivered via supervised treatment. As such, there is no clinical indication for such an intervention.

PSYCHIATRIC THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 101.

Decision rationale: Such an intervention is recommended for appropriately identified individuals. Based on the medical records presented there is no clear indication of a psychiatric malady requiring intervention or treatment. As such, there is insufficient clinical information to support this request under the Chronic Pain Medical Treatment Guidelines.