

Case Number:	CM14-0015961		
Date Assigned:	07/02/2014	Date of Injury:	07/09/2003
Decision Date:	08/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/07/2014

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 licensed in Chiropractic Services and is licensed to practice in Texas. 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 66-year-old female with a reported injury on 07/09/2003. The mechanism of injury was due to missing a step on a step-stool and falling causing her to jam her right knee, injuring her right wrist and falling onto her buttocks, with low back pain as a consequence. On 01/06/2014, she had an examination where she admitted that she had not been under any kind of care for quite some time. The report revealed that she had complete range of motion loss, she did have supports on her knees and the lower back, unknown specifics. There was no list of her medications or the efficacy of her medications, although some anti-inflammatory and muscle relaxant was reported provided in 2011. Her diagnoses included sprain/strain of the lumbar spine subacute and degenerative joint disease postsurgical knee. There were no record of recent treatments provided of any conservative therapy, physical therapy, or home exercise program, however there was a noted previous lengthy chiropractic care, seemingly unsuccessful. The injured worker also attended an aquatic program for one month in 2004. The efficacy was not provided. The injured worker underwent surgical treatment and has had injections of the left knee in April of 2010, then of the right knee in July 2010. The recommended treatment plan is requesting a continued period of chiropractic physiotherapy 1 to 3 visits a week for a period of 2 weeks, plus oral medications. The request for authorization was signed and dated for 01/09/2014. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC PHYSIOTHERAPY, 1 TO 3 TIMES A WEEK FOR 2 WEEKS, LOWER BACK AND BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual manipulation Page(s): 58-59.

Decision rationale: The California MTUS Guidelines do not recommend chiropractic therapy for the knees and for the lower back it is mentioned as a trial visit for 6 visits over 2 weeks with evidence of objective functional improvement with a total of up to 18 visits. The injured worker has had a lengthy amount of previous chiropractic sessions with no evidence of efficacy or functional improvement. Therefore, the request for the additional chiropractic physiotherapy is not medically necessary and appropriate.