

Case Number:	CM14-0016990		
Date Assigned:	03/07/2014	Date of Injury:	06/07/2012
Decision Date:	04/28/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/10/2014

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 Chiropractic 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 patient was a 56 year old male with a date of injury of 6/07/2012. According to the doctors first report dated 1/24/2013, the patient complained of low back and left knee pain. Significant objective findings include mildly antalgic gait, lumbar spine midline tenderness, positive right straight leg raise test, flexion and extension caused pain, and left prepatellar tenderness. Flexion was 65 degrees, extension was 25 degrees, and lateral bend was 25 degrees in the lumbar spine. The patient was diagnosed with lumbar sprain/strain and left knee sprain. The patient underwent arthroscopy of the left knee with chondroplasty of the medial femoral condyle and chondroplasty of the lateral patellar facet with microfracture technique 9/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement. Records show that the patient has had acupuncture treatment in the past. The acupuncturist stated that the patient was better

and the treatment was tolerated in the chart note dated 2/24/2013. The patient was the same according to the chart note dated 3/05/2013. The provider noted that acupuncture does not help the patient in the professional referral slip dated 2/24/2014. Based on the lack of functional improvement from acupuncture, the provider's request for additional acupuncture 2 times a week for 6 weeks is not medically necessary.

CHIROPRACTIC THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: 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 THERAPY & MANIPULATION Page(s): 58-60.

Decision rationale: The MTUS guidelines recommends a trial of 6 visits over two weeks with a total of 18 visits over 6-8 weeks with evidence of objective functional improvement. Based on the sign in sheet, the patient has completed at least 3 chiropractic sessions. The patient had chiropractic care on 1/31/2013, 2/6/2013, and 2/14/2013. There were no objective functional outcomes documented from those chiropractic sessions. Based on the medical records, a current prescription for chiropractic care would most accurately be evaluated as an initial trial, for which the guidelines recommend 6 visits. The provider has requested chiropractic care 2 times a week for 6 weeks, which exceeds the recommended number of visits for a trial session. In addition, there was a lack of objective functional improvement from the previous three chiropractic sessions. Based on the previous discussion, the providers request for additional chiropractic sessions 2 times a week for 6 weeks is not medically necessary at this time.