

Case Number:	CM14-0121221		
Date Assigned:	08/08/2014	Date of Injury:	09/10/2012
Decision Date:	09/22/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/31/2014

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 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 41-year-old female sustained an industrial injury on 9/10/12, relative to a slip and fall. Records indicated that chiropractic treatment had been provided for 12 visits from 8/27/13 to 2/11/14. The 7/18/14 chiropractic progress report indicated the patient had completed 16 chiropractic visits from 8/27/13 to 7/8/14. Subjective complaints included left knee and leg, low back, left shoulder, and neck and upper back with headaches. Lumbar exam documented mild loss of range of motion with less pain; positive mechanical signs, absent lower extremity reflexes bilaterally, decreased left lower extremity sensation, and increased low back pain with heel/toe walking. Lumbar magnetic resonance imaging (MRI) showed a tiny L4/5 disc protrusion with mild left lateral recess narrowing. Left knee exam documented tenderness and 15-20% restriction in motion with pain. Positive orthopedic testing included collateral ligament stress test, drawer sign, Apley compression, and patellar grind. Left knee magnetic resonance imaging (MRI) findings were consistent with a medial meniscus tear and chondromalacia patella. Left shoulder exam documented range of motion restricted 25-30% with pain. There were positive Apley's, Roos, supraspinatus press, and supraspinatus resistance tests. Left shoulder magnetic resonance imaging (MRI) findings documented supraspinatus tendinopathy with no tear. The treatment plan requested authorization of left knee surgery time extension, orthopedic consult, left suprascapular nerve block, medications, left knee exercise program, and 2 to 3 chiropractic treatments. Benefit was reported as compared to the 8/27/13 functional assessment. The 7/25/14 utilization review denied the request for additional chiropractic treatment as there was no evidence that the patient had an aggravation or flare-up of symptoms. There was no clear evidence of significant progress from the chiropractic treatment completed since 2/11/14 to warrant continued care in the absence of a flare-up. The request for orthopedic evaluation was denied as there was no rationale for the evaluation. The 7/29/14 chiropractic appeal stated that

the "patient had been responding favorably to conservative treatment with marked improvements in function, activities of daily living, objective findings, and fewer work restrictions." Three additional visits were requested to continue present improvements and allow patient to be able to do activities of daily living and active care at home. She was given exercise and instructions and progress needed to be monitored.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Evaluation for the Left Knee, Left Shoulder and Back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have been met. The chiropractor has requested orthopedic evaluation to proceed with the previously authorized left knee surgery and evaluate for shoulder injections. These services are outside the armamentarium of the referring physician. Therefore, this request for Orthopedic Evaluation for the Left Knee, Left Shoulder and Back is medically necessary.

Chiropractic treatment x 3 for the Left knee, back and shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

Decision rationale: The California MTUS guidelines support chiropractic manipulation for chronic pain if caused by musculoskeletal conditions. Guidelines support therapeutic care for the low back to a total of 18 visits with objective measurable functional improvement. Guidelines do not support chiropractic treatment to the knee and limit treatment of the shoulder to a few weeks. Guidelines generally recommend 1 to 2 chiropractic visits every 4 to 6 months for recurrence/flare-ups of chronic lower back pain. Guideline criteria have not been met. There is no clear documentation of objective measurable functional improvement with recent chiropractic treatment provided. There is no compelling rationale to provide on-going therapeutic care in a patient with chronic pain nearly 2 years post injury. There is no documentation of a current flare-up with a specific functional deficit or treatment goal to be addressed by chiropractic treatment.

Treatment to the knee and shoulder is not supported by guidelines. Therefore, this request for Chiropractic Treatment X 3 for the Left Knee, Back and Shoulder is not medically necessary.