

Case Number:	CM14-0127752		
Date Assigned:	08/15/2014	Date of Injury:	01/10/2013
Decision Date:	10/16/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 44 year old female who reported neck, back, left shoulder, left elbow and left knee pain from injury sustained on 01/10/13 due a slip and fall. X-rays of the thoracic spine revealed minimal degenerative changes. MRI of the lumbar spine revealed no evidence of significant lumbar disc protrusion, central canal stenosis or impingement of an existing nerve root. Patient is diagnosed with status post left knee surgery; right knee internal derangement; chronic right ankle pain; chronic back pain and chronic cervicothoracic and lumbar myofascial pain. Per medical notes dated 04/25/14, patient complains of constant bilateral upper back and bilateral lower back pain which fluctuates in intensity. She has diffuse pain in the left knee involving medial, anterior and lateral aspect stabbing pain. Patient complains of constant right anterior knee pain with clicking and popping with weakness and instability of the right knee. Per medical notes dated 05/29/14, there have been no significant changes in her treatment plan. She continues to have broad based pain across the entire back. Pain is rated at 6-8/10 on an intermittent- constant basis aggravated with walking, exercise and sitting. Provider requested initial trial of 8 chiropractic visits which were modified to 6 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 visits of Chiropractic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per MTUS Chronic Pain medical treatment Guidelines, Manual therapy and manipulation, page 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". The patient has not had prior Chiropractic treatment. The primary treating physician is requesting initial trial of 8 chiropractic visits which were modified to 6 by the utilization reviewer. Guidelines recommend trial of 6 visits over 2 weeks, with evidence of objective functional improvement. The requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 8 Chiropractic visits are not medically necessary.