

Case Number:	CM14-0139630		
Date Assigned:	09/05/2014	Date of Injury:	02/16/2011
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57 year-old male was reportedly injured on 2/16/2011. The mechanism of injury is noted as occurring due to repeatedly moving dumpsters with bad wheels. The most recent progress note, dated 7/14/2014, indicates that there are ongoing complaints of bilateral knee pain right more than left. Neck pain that radiates into bilateral upper extremities. The physical examination demonstrated cervical spine: moderate tenderness to the mid-lower portion of the cervical spine and upper thoracic spine with moderate paraspinal spasms. Spasms noted to the trapezius, scapula, and rhomboids. Limited range of motion is noted. Left shoulder: positive tenderness to palpation supraspinatus and infraspinatus tendon. Limited range of motion. Left knee: minimal edema, positive Apleys test. No recent diagnostic studies are available for review. Previous treatment includes physical therapy #12 sessions, chiropractic care #12 sessions, acupuncture #6 sessions, left knee arthroscopy, medications, and conservative treatment. A request had been made for chiropractic adjustments #4 sessions and was not certified in the pre-authorization process on 8/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) Chiropractic Adjustments: 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 Page(s): 58-59 of 127..

Decision rationale: CA MTUS guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks with the evidence of objective functional improvement, and a total of up to #18 visits over 16 weeks is supported. After review of the available medical records, the injured worker has had #12 sessions of chiropractic care without subjective or objective improvements with the requested treatment. Therefore, the additional request for chiropractic care is not justified with the documentation that is submitted. As such, this request of four (4) Chiropractic Adjustments is not medically necessary and appropriate.

Six (6) Acupuncture Treatments: 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 Specialist Topics Section Page(s): 13 of 127.

Decision rationale: MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of improvements in function or decrease in pain with previous sessions of acupuncture, there is insufficient clinical data provided to support additional acupuncture; therefore, this request six (6) Acupuncture Treatments is not medically necessary and appropriate.