

Case Number:	CM14-0185095		
Date Assigned:	11/10/2014	Date of Injury:	07/02/2010
Decision Date:	12/19/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/06/2014

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:

According to the available medical records, this is a 55 year old female with chronic low back and left knee pain, date of injury is 07/02/2010. Previous treatments include medications, physical therapy, chiropractic, acupuncture, lumbar epidural injections, lumbar surgeries, and home exercises. Progress report dated 09/23/2014 by the treating doctor revealed patient with chief complain of lumbar spine pain, 6/10, sharp and constant with numbness, weakness, tingling, and radiating to left hip, thigh, knee, and right foot. Objective findings include right forearm pain, 4/10, sharp and achy, radiating to right fingers, with numbness and weakness in the right hand and elbow, constant sharp low back pain, 6/10, radiating to right foot, left hip, left thigh, left knee, with numbness and tingling, lumbosacral ROM decreased with pain. Diagnoses include lumbar disc herniation, enthesopathy of knee, lumbar radiculitis, status post L4/S1 fusion, medical meniscus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirotherapy 2x/6wks, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Low Back, Page(s): 58-59.

Decision rationale: The claimant presents with chronic low back pain. There is limited information regarding left knee injuries, symptoms and previous treatments. Current progress report on 09/23/2014 did not reveal left knee pain except for radiating pain from the lumbar, there is limited knee objective examination and functional deficits. The MTUS guidelines do not recommend chiropractic treatments for the knee. Therefore, the request for 12 Chiropractic Therapy for the Left Knee are not medically necessary.