

Case Number:	CM14-0041348		
Date Assigned:	06/27/2014	Date of Injury:	01/21/2013
Decision Date:	08/21/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 60 year old with an injury date on 1/21/13. Patient complains of lower back pain, left shoulder pain, left knee pain that has improved with recent acupuncture, chiropractic, and physical therapy treatments per 2/5/14 report. Based on the 2/5/14 progress report provided by [REDACTED] the diagnoses are: 1. Lumbar s/s2. Sacroiliac joint dysfunction/sprain & strain, on the left.3. Lumbar facet induced vs. discogenic pain.4. Lumbar radiculitis I sciatica, on the left.5. Lumbar disc bulge with canal stenosis.6. Shoulder sprain and strain, on the left.7. Rotator cuff tear, on the left, rule out.8. Tendinosis, rule out impingement.9. Knee and lower leg sprain and strain, on the left.10. Meniscus tear - lateral, on the left.11. Tenosynovitis of lower leg - gastrocnemius, tibialis anterior, peroneals, on the left.12. Short leg, on the right. Exam on 2/5/14 showed left knee revealed tenderness to palpation. Positive orthopedic test. Decreased range of motion of left knee by 15%. Sensory: ankle dorsiflexion, ankle plantar flexion, knee extension and knee flexion motor testing was 5/5 on right and 4/5 on the left. Heel and toe walking performed with back and leg pain on the left. Gait does demonstrate antalgic and compensation with favoring left lower extremity. [REDACTED] is requesting physiotherapy/chiropractic treatment for the left knee once per month. The utilization review determination being challenged is dated 4/1/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/24/13 to 3/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy/chiropractic treatment for the Left Knee, once per month: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chapter on Manual Therapy and Treatments, Pages 58-59.

Decision rationale: This patient presents with lower back pain, left shoulder pain, left knee pain. The physician has asked for physiotherapy/chiropractic treatment for the left knee once per month on 2/5/14. The 2/5/14 report states the patient has shown improvement from prior chiropractic therapy but number of sessions was not mentioned. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, it is unclear if patient had a trial of chiropractic therapy, and how many prior sessions patient had. In addition, the request for chiropractic treatments (once per month) is for an unspecified duration. Time-limited treatments are recommended by MTUS. Due to lack of specificity of the request, this is not medically necessary.