

Case Number:	CM14-0054704		
Date Assigned:	07/07/2014	Date of Injury:	09/23/2013
Decision Date:	08/21/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back, knee, and ankle pain reportedly associated with an industrial injury of September 23, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and work restrictions. In a utilization review report dated March 26, 2014, the claims administrator denied a request for 6 sessions of chiropractic manipulative therapy to the knee, ankle, and low back. The claims administrator based his denial, in part, on the fact that the applicant had already had over six months of treatment and that the applicant's injury would have expected to have reached natural resolution with the same. The applicant subsequently appealed. A January 14, 2014, progress note was notable for comments that the applicant had persistent complaints of knee pain, 4/10, still giving out on her from time to time. The applicant also reported back pain. The applicant was using Motrin with benefit, it was noted. Motrin and a knee sleeve were renewed, along with work restrictions. On April 29, 2014, the attending provider complained that chiropractic manipulative therapy had been denied. The applicant reported knee, back, and ankle pain collectively ranging from 5/10 to 8/10. The attending provider stated that he was appealing the decision to deny manipulative therapy through the IMR process. Work restrictions were again endorsed, although it was not clearly stated whether or not the applicant was, in fact, working or not. In an earlier progress note of March 18, 2014, the attending provider did state that he was seeking authorization for 6 sessions of chiropractic manipulative therapy for the low back, ankle, and knee after the applicant had already finished conventional physical therapy. Work restrictions were again endorsed. It was again not clearly stated whether the applicant was working or not. In a physical therapy progress note of March 2014, the applicant's physical therapist stated that the applicant had been off work since the date of injury and had eventually been laid off by her former employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic sessions to the left knee, lumbar and left ankle two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manipulative therapy is not recommended for the ankle and knee, two of the body parts for which it is being sought. No rationale for manipulation of these body parts in the face of the unfavorable MTUS recommendation was proffered by the attending provider. Therefore, the request is not medically necessary.