

Case Number:	CM14-0055853		
Date Assigned:	06/16/2014	Date of Injury:	06/07/1990
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/07/2014

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 Acupuncture, and is licensed to practice in Texas. 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 62-year-old male who reported an injury on 05/02/2014. The injured worker complained of left knee pain rated at an 8/10 on a scale of 0 to 10, with 0 being a complete absence of symptoms and 10 being very severe or unbearable. The injured worker also complains that the pain has been radiating down to the left foot and that pain hinders his sleep. On physical examination dated 02/18/2014 in regards to the right knee range of motion 0 degrees to 10 degrees and the left is 0 degrees to 90 degrees. There is a slight effusion bilaterally. The injured worker had some tenderness about the parapatellar area, no instability noted. The range of motion to the neck is full and unrestricted in flexion, extension, rotational movements, and lateral bending. The injured worker does have reduction certainly in flexion. The injured worker's diagnoses include lumbar strain with lumbar radiculopathy and status post bilateral total knee replacements. The injured worker's past treatments or diagnostics include an x-ray, 3 views, for the left knee dated 05/15/2014 and the reason for the x-ray was pain. The findings are as follows: There is a patellofemoral joint narrowing. The lateral aspect of the distal femur prosthesis is probably performed a notch in the lateral aspect of the patella. Impression of this x-ray is status post total arthroplasty, with a small effusion with signs of loose bodies, patellofemoral joint narrowing, and possible prosthesis. The treatment plan was for chiropractic sessions manipulative therapy with muscle stimulation and immediate release cervical, chiropractic sessions manipulative therapy with muscle stimulation and immediate release thoracic, and chiropractic sessions manipulative therapy with muscle stimulation and immediate release lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions Manipulative Therapy with Muscle Stimulation and IR Cervical:
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 Page(s): 58.

Decision rationale: The request for chiropractic sessions manipulative therapy with muscle stimulation and immediate release lumbar is non-certified. The California Medical Treatment Utilization Schedule Guidelines state that manual therapy and manipulation is 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is recommended for the low back as an option for therapeutic care trials of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. Elective maintenance care is not medically necessary. Treatment parameters for state guidelines is, time to produce effect is 4 to 6 treatments. The injured worker complained of knee pain to the left knee on examination dated 05/02/2014. In addition, there was no number of how many visits mentioned on the proposed request. As such, the request for chiropractic sessions manipulative therapy with muscle stimulation and immediate release lumbar is not medically necessary.

Chiropractic Sessions Manipulative Therapy With Muscle Stimulation and IR Thoracic:
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 Page(s): 58.

Decision rationale: The request for chiropractic sessions manipulative therapy with muscle stimulation and immediate release thoracic is non-certified. The California Medical Treatment Utilization Review Schedule Guidelines state that manipulation therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic program and return to productive activities. Manual manipulation is a manual therapy that moves a joint beyond their physiologic range of motion but not beyond the autonomic range of motion. For low back pain it is recommended as an option and therapeutic care is as follows: Trials of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks.

On physical examination dated 05/02/2014 there was no subjective or objective documentation to establish the pain to the thoracic area. In addition, there was a lack of physical findings to support this request. As such, the request for chiropractic sessions manipulative therapy with muscle stimulation and immediate release thoracic is not medically necessary.

Chiropractic Sessions Manipulative Therapy With Muscle Stimulation and IR Lumber:
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 Page(s): 58.

Decision rationale: The request for chiropractic sessions manipulative therapy with muscle stimulation and immediate release lumbar is non-certified. The California Medical Treatment Utilization Schedule Guidelines state that manual therapy and manipulation is 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 objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is recommended for the low back as an option for therapeutic care trials of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. Elective maintenance care is not medically necessary. Treatment parameters for state guidelines is, time to produce effect is 4 to 6 treatments. The injured worker complained of knee pain to the left knee on examination dated 05/02/2014. In addition, there was no number of how many visits mentioned on the proposed request. As such, the request for chiropractic sessions manipulative therapy with muscle stimulation and immediate release lumbar is not medically necessary.