MAXIMUS Federal Services

Case Number:	CM14-0060038		
Date Assigned:	07/11/2014	Date of Injury:	03/23/2006
Decision Date:	08/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/30/2014

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 a licensed Doctor of Chiropractic 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

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 58-year-old female who reported an injury on 03/23/2006 due to continuous trauma. The injured worker complained that she developed pain in both knees from bending, kneeling, crawling, and climbing. On the physical examination dated 0317/2014, there was a varus deformity as on the right knee. Reflexes were at 90 degrees, internal at 20 degrees, external rotation at 40 degrees, and abduction was midline. The left knee had full extension, flexion at 120 degrees. Functional changes since the last examination, it was noted the injured worker had improved. The injured worker's diagnoses are status post total left knee arthroplasty, right knee arthritis, hypertension with left ventricular hypertrophy, obstructive sleep apnea, and diabetes mellitus. There were no documented medications for the injured worker submitted with the paperwork for review. The injured worker's past treatments and diagnostics included chiropractic treatments, physical therapy, x-rays and left knee arthroplasty. The Request for Authorization form and the rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 3 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation.

Decision rationale: The injured worker was noted in the clinical documentation to have an improvement in mobility. The California Medical Treatment Utilization Schedule Guidelines recommend up to 18 sessions of chiropractic therapy for an injured worker who demonstrates objective functional improvement during the initial trial phase, and the initial trial is for 6 sessions of chiropractic care. There was no documentation on how many visits that the injured worker had already completed. The submitted records reported improvement. However, there was no evidence to support guidelines such as baseline value with regards to range of motion and strength to establish objective functional improvements. In addition, the request as submitted did not identify the body parts for the proposed therapy. As such, the request for chiropractic treatments 3 times per week times 6 weeks is not medically necessary.