

Case Number:	CM14-0065016		
Date Assigned:	07/11/2014	Date of Injury:	01/06/2014
Decision Date:	09/11/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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 Emergency 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 injured worker is a 42 year-old male, who sustained an injury on January 6, 2014. The mechanism of injury occurred while trying to restrain a combative minor. Diagnostics have included: January 30, 2104 right ankle MRI was reported as showing tenosynovitis with small joint effusion; January 30, 2014 left shoulder MRI was reported as showing AC osteoarthritis with downsloping acromion and rotator cuff tendinosis; January 29, 2014 right knee MRI was reported as showing effusion with thinning of medial and lateral femoral cartilages; January 29, 2014 lumbar spine MRI was reported as showing L3-4 annular fissure, L3-4 disc herniation with facet hypertrophy, L4-5 right disc herniation with facet hypertrophy. Treatments have included: medications; chiropractic. The current diagnoses are: left shoulder pain, right knee pain, lower back pain. The stated purpose of the request for CMT, MFR, functional restoration/therapeutic exercises, ultrasound, EMS, infrared and diathermy; two (2) times a week for six (6) weeks, was not noted. The request for CMT, MFR, functional restoration/therapeutic exercises, ultrasound, EMS, infrared and diathermy; two (2) times a week for six (6) weeks, was denied on April 23, 2014, citing a lack of documentation of objective evidence of derived functional improvement from completed chiropractic sessions. Per the report dated April 3, 2014, the treating physician noted complaints of pain to the low back, left shoulder, right ankle and right knee. Exam findings included left shoulder tenderness with slightly increased range of motion, right knee joint line tenderness with full but painful range of motion, right lateral ankle tenderness with full range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMT, MFR, functional restoration/therapeutic exercises, ultrasound, EMS, infrared and diathermy; two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, 369, 106,111, 115,Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 127, 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-60, recommend continued chiropractic therapy with documented derived functional improvement and does not recommend chiropractic therapy for the treatment of injuries to the ankle or knee. The injured worker has pain to the low back, left shoulder, right ankle and right knee. The treating physician has documented left shoulder tenderness with slightly increased range of motion, right knee joint line tenderness with full but painful range of motion, right lateral ankle tenderness with full range of motion. The treating physician has not documented objective evidence of derived functional improvement from completed chiropractic sessions, such as improvements in activities of daily living, reduced work restrictions or reduced medical treatment dependence. The criteria noted above not having been met, CMT, MFR, functional restoration/therapeutic exercises, ultrasound, EMS, infrared and diathermy; two (2) times a week for six (6) weeks, is not medically necessary.