

Case Number:	CM14-0065594		
Date Assigned:	07/11/2014	Date of Injury:	02/08/2013
Decision Date:	08/08/2014	UR Denial Date:	04/30/2014
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 a licensed Doctor of Chiropractic 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 60-year-old female who was reportedly injured on 02/08/2013, after a twisting injury with no further injury history reported. X-ray examination of her knees on 11/14/2013 with findings of changes in the medial left knee joint that could be post-traumatic in nature is noted. The chiropractor's PR-2 of 04/21/2014 reported the patient continued with constant moderate lower and upper back pain. Objective findings on 04/21/2014 were reported as decreased lumbar range of motion in all ranges, Kemp's + bilaterally, patient unable to perform straight leg raise due to swelling and knee in a bent position due to meniscal tear, and pain 7-8/10. Diagnoses were noted as lumbar segmental dysfunction (739.3), medial knee meniscus tear (836.0), and thoracic segmental dysfunction (739.2). From 12/03/2013 through 04/21/2014, the patient had received 8 chiropractic treatments. On 05/21/2014, the chiropractor authored a letter addressed to the insurance carrier reporting information of the patient's condition prior to 12/03/2013. The 05/12/2014 document does not provide record of date specific patient complaints, date specific measured objectives, date specific treatments, or measured record of patient response to chiropractic care. The letter indicated the patient continued to experience persistent severe left sciatica, since her left knee was fixated at a doubt 15-30. The patient also reported left lower extremity complaints. The patient reportedly indicated her sciatica felt better following adjustments. Although not date specific, the patient rated sciatica 8/10, low back pain 8/10, and knee pain 9/10. Objectives, not date specific, included subluxations of T8, L4, L5, left ileum and right ileum; "no noticeable change in the hypertonicity of the muscles in the mid thoracic muscles bilaterally, lumbar paraspinal muscles bilaterally and gluteal muscles bilaterally was found;" "no significant change in pain level at T8, L4 to L5, and the left ileum bilaterally [sic] was elicited on palpation;" a mediocre degree of segmental motion at T8 and a slight amount of motion at L4 to L5 and left ileum was observed today during adjustment of the spine.

Oswestry Low Back Questionnaire had averaged 64% disability since the onset of injury. Kemp's, Ely's and Yeoman's tests were positive on the left. Lumbar range of motion measurements were decreased without degrees of motion noted. The chiropractor reported the patient had received 24 visits prior to be 12/03/2013 treatment date. The chiropractor's PR-2 of 04/21/2014 reported the patient continued with constant moderate lower and upper back pain. Objective findings on 04/21/2014 were reported as decreased lumbar range of motion (ROM) in all ranges, Kemp's + bilaterally, patient unable to perform straight leg raise due to the swelling and in a bent position due to meniscal tear, and pain 7-8/10. Diagnoses were noted as lumbar segmental dysfunction (739.3), medial knee meniscus tear (836.0), and thoracic segmental dysfunction (739.2). Prior to 12/03/2013 the patient had treated with chiropractic care on 24 occasions and continued to treat on another 8 occasions through 04/21/2014. There is a request for 20 chiropractic treatment sessions from 04/25/2014 through 07/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty (20) chiropractic treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for 20 additional chiropractic treatment sessions is not supported to be medically necessary. Prior to 12/03/2013 the patient treated with chiropractic care on 24 occasions and continued to treat on another 8 occasions through 04/21/2014. MTUS (Chronic Pain Medical Treatment Guidelines) supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic pain if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. Prior to the request for 20 additional chiropractic treatment sessions, the patient had reportedly treated with 32 chiropractic visits through 04/21/2014. There is no documentation reporting evidence of objective functional improvement or record of treatment success with prior chiropractic care, there is no evidence of an acute flare-up, there is no evidence of a new condition, and maintenance care is not supported; therefore, the request for 20 additional chiropractic treatment sessions is not supported to be medically necessary.