

Case Number:	CM14-0066130		
Date Assigned:	07/11/2014	Date of Injury:	12/12/2011
Decision Date:	09/18/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 67 year-old female who was reportedly injured on 12/12/2011. The mechanism of injury was noted as a trip and fall. The most recent progress note dated 5/15/2014, indicated that there were ongoing complaints of neck, lower back and bilateral knee pains. The physical examination demonstrated cervical spine positive tenderness to the paravertebral muscles. Spasm was present. There was limited range of motion. Motor and sensory nerve exam was unremarkable. Left shoulder had limited range of motion. Thoracolumbar spine had positive tenderness to palpation of the paravertebral muscles, positive muscle spasm, and limited range of motion. Muscle strength was 5/5 equal bilaterally. Reflexes were 2+ equal bilaterally. There was positive straight leg raise sitting bilaterally. Bilateral knees had positive tenderness to palpation of the pes anserine bursa bilaterally, otherwise unremarkable exam. No recent diagnostic studies were available for review. Previous treatment included extensive chiropractic and physical therapy visits totaling 136, bilateral knee arthroscopy, medications and conservative treatment. A request was made for Chiropractic care spine 3 times a week for 4 weeks and Physical Therapy for the knees 2 times a week times for 4 weeks and was not certified in the pre-authorization process on 4/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care for the spine 3 times a week for 4 weeks (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of manual therapy and manipulation (chiropractic care) for low back pain as an option. A trial of 6 visits over 2 weeks, with the evidence of objective functional improvement, and a total of up to 18 visits over 16 weeks, is supported. After review of the available medical records, there is documentation of cervical spine pain. After review of guidelines, the request of 12 visits exceeds the recommended visits that are allowed by treatment guidelines. As such, this request is not considered medically necessary.

Physical Therapy for the knees 2 times a week for 4 weeks (8 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has multiple chronic complaints, and review, of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent numerous sessions of functional restoration therapy after right and left knee arthroscopy, and in the absence of clinical documentation to support additional visits, this request is not considered medically necessary.