

Case Number:	CM14-0068061		
Date Assigned:	07/11/2014	Date of Injury:	01/02/2001
Decision Date:	08/11/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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 licensed in Chiropractic, has a subspecialty in Pediatric 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 57-year-old female with an original date of injury of 1/2/2001. The mechanism of injury occurred when the patient was working as a server and slipped and fell onto both knees. She sustained a hairline fracture to the right patella. Diagnoses include traumatic arthritis to the lower leg, chondromalacia patella and chronic pain syndrome. The injured worker has recently undergone 6 approved chiropractic treatments, with the last treatment being several months ago. There has been a recent flare-up of symptoms. The disputed issue is a request for 6 additional chiropractic treatments for the low back and a ████████ 6 month membership. An earlier Medical Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the California MTUS. A modification of the request did approve two chiropractic treatments for the recent flare-up of symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of chiropractic treatment for the low back .: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: The ACOEM does not address chronic pain, so the California MTUS is utilized. The California MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. The patient had some improvement from the previous treatment and has had a recent flare-up of symptoms; therefore 2 sessions of chiropractic treatment would be supported. The request for six chiropractic treatments for the low back is not medically necessary.

██████ membership for six months (gym membership with access to a pool): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter. Gym Memberships.

Decision rationale: The ACOEM and California MTUS do not address gym memberships, so Official Disability Guidelines is utilized, which states that gym memberships are not supported, as there is no information flow back to the provider, so that he or she can make changes in the prescription, and there may be risk of further injury to the patient. The request for a ██████ 6 month membership is not medically necessary.