

Case Number:	CM14-0081182		
Date Assigned:	07/18/2014	Date of Injury:	03/16/2012
Decision Date:	09/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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 Chiropractor 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 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 48-year-old male who reported an injury 03/16/2012. The mechanism of injury was not provided within the medical records. The Clinical Note dated 04/22/2014 indicated diagnoses of shoulder impingement with tenosynovitis of the right shoulder, right knee medial meniscal tear, left knee medial and lateral meniscus tear, right chest pain: shortness of breath, right hand carpal tunnel syndrome, headaches, sleep disorder, sexual dysfunction. The injured worker reported he was status post left knee surgery dated 01/08/2014 and status post right knee surgery dated 04/09/2014. On physical examination the clinical report indicated an unofficial nerve conduction study of the lower extremity revealed mild sensory findings, mild motor abnormalities. The unofficial MRI of the left knee revealed complete tear ACL and lateral meniscal tear. MRI of the right knee revealed medial meniscal tear. Unofficial MRI of the shoulder revealed 6 mm separation of the AC joint with tenosynovitis and pigment. The injured worker's treatment plan was to followup, continue physical therapy, and continue daily walks. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Norco. The provider submitted a request for chiropractic for the bilateral knees, right chest, right shoulder, and hand. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3xweek for 6weeks Bilateral knees, right chest, right shoulder/hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (updated 03/31/14)- Manipulation Official Disability Guidelines: Chiropractic Guidelines.

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

Decision rationale: The request for Chiropractic 3xweek for 6weeks Bilateral knees, right chest, right shoulder/hand is not medically necessary. The CA MTUS guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. There is a lack of documentation indicating the injured worker's prior course of therapy as well as the number of sessions the injured worker has already completed to include the efficacy to warrant additional therapy. In addition, there is lack of documentation including an adequate and complete physical exam, demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. Therefore, the request for chiropractic is not medically necessary.