

Case Number:	CM14-0083384		
Date Assigned:	07/21/2014	Date of Injury:	04/09/2012
Decision Date:	08/26/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 Chiropractor 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:

According to the available medical records, this is a 54 year old female patient with chronic neck, back, bilateral knee and ankle pain, date of injury 04/09/2012. Previous treatments include medications, injections, lumbar support, right knee brace, physical therapy, traction, home exercises, transcutaneous electrical nerve stimulation (TENS) and acupuncture. Progress report dated 04/28/2014 by the treating doctor revealed constant moderate dull, achy, sharp neck pain and stiffness, aggravated by looking up and looking down, patient has completed 3 sessions of chiropractic which helps decrease pain and spasm. Constant moderate dull, achy, sharp, throbbing low back pain, stiffness, tingling and weakness, aggravated by standing, walking, bending, and squatting, the patient stated that chiropractic helped increased range of motion and decreased pain, TENS unit also helps manage pain. She also complaints of intermittent severe right knee pain, associated with standing, walking, bending and kneeling, pain severity is 7/10. Left knee pain is intermittent moderate dull, achy, sharp and stiffness, associated with standing, walking and bending. There is also complaint of loss of sleep due to pain. Exam revealed tenderness to palpation of the cervical paravertebral muscles with spasms, cervical compression causes pain. Lumbar spine range of motion decreased and painful, paraspinals trigger points present bilaterally, hyperpronated feet, paravertebral muscles spasm and tender to palpation, positive Kemp's bilaterally. Right knee range of motion decreased and painful, tenderness to palpation of anterior knee, lateral knee and medial knee, positive McMurray. Left knee range of motion decreased and painful, tenderness to palpation of the anterior knee, lateral knee and medial knee, positive McMurray. Diagnoses include neuralgia, neuritis and radiculitis, cervical disc protrusion, cervical sp/st, lower extremity neuritis, lumbar disc protrusion, lumbar facet hypertrophy, lumbar radiculopathy, lumbar sp/st, lumbar stenosis, right knee internal derangement, right knee lateral meniscus tear, right knee medial meniscus tear, right knee sp/st,

status post surgery of right knee, left knee internal derangement, left knee meniscus tear, left knee sp/st. The patient remained off-work until 06/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Therapy Visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 58-59.

Decision rationale: Progress report dated 03/24/2014 by the treating doctor revealed a request for two times four chiropractic visits to increase range of motion and activities of daily living (ADLs) and decrease pain, subjective and objective findings are essentially the same with the progress report on 04/28/2014. There is no treatment records for the chiropractic visits from 03/24/2014 to 04/28/2014. The number of visits and evidence of objective functional improvements are not documented. Therefore, the request for additional eight chiropractic therapy visits is not medically necessary.