

Case Number:	CM14-0091537		
Date Assigned:	07/25/2014	Date of Injury:	03/20/2012
Decision Date:	08/28/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/18/2014

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 Medicine, 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 29-year-old with a reported date of injury of March 20, 2012 when four wine barrels fell onto his left shoulder. The chiropractor's November 5, 2011 PR-2 reports complaints as, Subjectively, the musculoskeletal condition needs full and complete evaluation forensically. Objectively the patient had persistent residual symptoms in left knee, sacroiliac and degenerative joint disease in the lumbar spine, with no measured objective factors reported. Diagnoses were noted as left knee postsurgical, left knee sprain/strain, lumbosacral sprain/strain, lumbosacral DJD, and disc derangement with radiculopathy. The chiropractor reported he would be giving the patient interim care at a conservative nature; without modalities, frequency or duration of care, or measured treatment goals reported. The patient remained temporarily disabled November 5 to December 3, 2013. The chiropractor's December 13, 2013 PR-2 reports complaints of left knee, left wrist, hand, arm, cervical, thoracic, shoulder, low back and muscle pain. No objective factors were noted. The chiropractor requested authorization for continued chiropractic-physiotherapy 1-3 times per week for 2 weeks. The patient was to remain off work April 21 to May 21, 2014. The chiropractor reported, We have seen no improvement from the symptoms as they present themselves. The chiropractor's April 29, 2014 PR-2 reports continued left knee, lumbosacral and low back symptoms. No examination findings were reported, and diagnoses were noted as left knee postsurgical, left knee sprain/strain, lumbosacral sprain/strain, lumbosacral degenerative disc disease, and disc derangement with radiculopathy. The chiropractor requested authorization for chiropractic-rehabilitation 1-3 times per week for 2 weeks. The patient was to remain off work April 21 to May 21, 2014. Submitted documentation reports the patient treated with physical therapy on twelve occasions from 12/09/2013 through January 21, 2014, and with chiropractic care on ten occasions from 10/07/2013 through 03/03/2014. The request for authorizations of December 13, 2013 and April 21, 2014 request for

authorization to continue chiro-physical rehabilitation for treatment of left knee strain (1-3 visits for 2 weeks), continue chiro-physical rehabilitation for treatment of lumbosacral sprain/strain (1-3 visits for 2 weeks), and continue chiro-physical rehabilitation for treatment of lumbosacral DJD (1-3 visits for 2 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro-physiotherapy to lumbosacral spine and left knee, one to three visits for a two week period: 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 additional chiropractic sessions in the treatment of this patient's lumbosacral and knee complaints is not supported to be medically necessary. The Chronic Pain Medical Treatment Guidelines does not support the request for additional chiropractic treatment of this patient's lumbosacral and knee complaints. The Chronic Pain Medical Treatment Guidelines reports the following: Manual therapy and manipulation are not recommended in the treatment of knee complaints. The Chronic Pain Medical Treatment Guidelines supports a trial of up to six visits over two weeks of manual therapy and manipulation in the treatment of chronic low back pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the six visit treatment trial, a total of up to eighteen visits over six to eight 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 one to two visits every four to six months. This patient has treated with an unreported total number of chiropractic visits, but the submitted records do report chiropractic care on ten occasions from October 7, 2013 through March 3, 2014. There is no documentation of measured objective functional improvement with a trial of up to six visits over two weeks of manual therapy and manipulation in the treatment of low back complaints, there is no evidence of a recurrence/flare-up, and elective/maintenance care is not supported; therefore, the request for addition chiropractic treatment exceeds guidelines recommendations and is not supported to be medically necessary. Therefore, the request for chiro-physiotherapy to lumbosacral spine and left knee, one to three visits for a two week period, is not medically necessary or appropriate.