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| Case Number: | CM14-0093020 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 10/09/2012 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 06/12/2014 |
| Priority: | Standard | Application Received: | 06/19/2014 |

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 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:

According to the available medical records, this is a 57 year old female patient with chronic right knee and right shoulder pain, date of injury 10/09/2012. Previous treatments include medications, chiropractic, physiotherapy, right knee surgery and home exercises. Progress report dated 05/21/2014 by the treating doctor revealed patient reported slight improvement of the right knee pain since last visit, the patient status is noted as failing to progress as expected with treatments. Her symptoms is noted as mild, intermittent, sharp and weakness. Additional symptoms included bilateral shoulder and bilateral wrist/hand pain. Objective findings include tenderness of bilateral anterior shoulder capsules/subacromion/trapezii, positive impingement syndromes on bilateral shoulders. Right knee tenderness at the peripatella, ROM 0 to 115 on the right and 0 to 126 on the left, with right knee extension weakness. Diagnoses include right knee med/lat meniscectomy, left knee contusion/sp, shoulder strain/impingement. The patient remains off-work for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x per Week x 4 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter Manipulation Official Disability Guidelines: Chiropractic Guidelines; Sprains and Strains of Shoulder and Upper arm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended 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. Low back: recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flares-up - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines **a.** Time to produce effect: 4 to 6 treatments **b.** Frequency: 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life, page 58-59 and on the Non-MTUS Official Disability Guidelines (ODG), Shoulder Chapter Sprains and Strains of shoulder and upper arm: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.

Decision rationale: The available medical records noted that this patient has completed 12 visits to the right knee (post-op) between 03/31/2014 and 05/29/2014, and 16 visits to the left shoulder and both knees between 06/28/2013 and 10/29/2013. Based on the guidelines cited above, this patient has exceeded both the number of treatment visits recommended for the shoulder (ODG guidelines) and postop physical medicine for the knee (MTUS Postsurgical Treatment Guideline). The request for additional 8 Chiropractic Treatments is not medically necessary.