

Case Number:	CM14-0097942		
Date Assigned:	09/16/2014	Date of Injury:	05/13/2013
Decision Date:	10/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational 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:

There were 97 pages provided for this review. There was an application for independent medical review signed on June 16, 2014. It was for chiropractic care for 12 visits and six visits of acupuncture. There was a utilization review non-certification from June 12, 2014. Per the records provided, the injured worker is 68-years-old and was injured back in 2013. There was constant low back pain with radiation into both legs at seven out of 10. The right knee pain was also seven out of 10 with swelling and clicking. The patient ambulates with a cane. McMurray's testing was positive for clicking on the right. There was tenderness over the parapatellar region and posterior aspect of the right knee. There is lumbar tenderness. The patient had right knee surgery on May 16, 2014. The patient had ice therapy for seven days following surgery. Due to the advanced degenerative joint disease, the doctor does not want active strengthening but only passive mobility. Chiropractic treatment is being requested; however, chiropractic is not recommended for knee conditions. The injured worker is post right knee surgery on May 16, 2014. There is also insufficient documentation of lasting functional improvement from previous acupuncture sessions. There was a comprehensive initial orthopedic evaluation. She is receiving physical therapy over about three months. She had two months of acupuncture and eight months of chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58 OF 127.

Decision rationale: The MTUS stipulates that the intended goal of this form of care 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. It notes for that elective and maintenance care, such as has been used for some time now in this case, is not medically necessary. In this case, these records fail to attest to 'progression of care' with the past extensive chiropractic care. The guides further note that treatment beyond 4-6 visits should be documented with objective improvement in function. Further, in Chapter 5 of ACOEM, it speaks to leading the patient to independence from the healthcare system, and self-care. It notes that over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. With 8 prior months of chiropractic care, this functional improvement criterion is not met. Therefore, the request is not medically necessary.

Acupuncture x 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This injured worker has had reportedly two months of acupuncture, without demonstrable functional improvement. This was a request for additional sessions beyond two months. There was no evidence of objective functional improvement; therefore, this request is not medically necessary.