

Case Number:	CM13-0043896		
Date Assigned:	12/27/2013	Date of Injury:	10/28/2008
Decision Date:	01/22/2015	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/31/2013

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 Care, has a subspecialty in Acupuncture 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 patient is reported to be a 43 year old mechanic with a date of injury of 10/28/2008; claimant sustained a twisting injury to his right knee. The 11/4/13 PR-2 report from [REDACTED] reported the patient with continuing back and radicular pain extending into the right lower extremity, ankle and knee unchanged since visit; areas of residuals located L-4 through S-1 with addressed pain on palpation; reduced ROM by 25%. Diagnoses: lumbar disc herniation with radiculopathy; ankle and knee injury. Prior history of Chiropractic care from [REDACTED] reported on 10/28/13, 6 sessions of manipulation per [REDACTED]. The UR determination of 9/9/13 from [REDACTED] denied the prescription of 9/4/13 from [REDACTED] for additional manipulation based on no recent medical evidence by report of physical examination findings leading to the necessity for additional care. The PR-2 report from [REDACTED] dated 9/5/13 was a request for an initial trial of Chiropractic care, 12 sessions to manage what appears to be lumbar spine residuals based on examination findings alone since the patient did not present with any complaints. Decreased ROM was reported with evidence of palpable spasms; left ankle pain on pronation and supination/eversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment (12-sessions, 2 times per week for 6 weeks, for treatment of the lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy & manipulation 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. The goal of manual therapy as referenced is the modification of either pain or objective residuals leading to functional improvement. There were insufficient clinical findings provided at the time of the initial evaluation supporting the request for 12 Chiropractic visits. Therefore, the request is not medically necessary.