

Case Number:	CM13-0068875		
Date Assigned:	01/03/2014	Date of Injury:	09/07/2008
Decision Date:	01/30/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/20/2013

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 Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This is a 52 year old patient with date of injury of 09/07/2008. Medical records indicate the patient is undergoing treatment for lesion of plantar nerve, lumbago, strain/strain of knee/leg and stress fracture of the metatarsals. Please note that copies of medical documentation provided are very difficult to read. Subjective complaints include pain to bilateral feet, cramping to bilateral feet, right knee pain, back pain, left shoulder pain. Objective findings include pain to right second, third and fourth metatarsal, pain with palpation to left arch and second and third interspace; swelling on the dorsal aspect of the foot, decreased sensation first through fifth toes dorsally and plantarly on the left side; pain with range of motion both passive and actively of the right shoulder. Treatment has consisted of injection to left foot, cane. The utilization review determination was rendered on 12/17/2013 recommending non-certification of consultation and treatment with chiropractor for the low back and consultation and treatment with orthopedic for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment with chiropractor for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation

Decision rationale: ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "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/flare-ups - Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." The treating physician has not specified the number of treatments that are being requested. Guidelines are specific for recommendations of number of visits during specified treatment time, including the need for trial of therapy for evidence of objective and measurable functional improvement during or after the trial of therapeutic care to warrant continued treatment. The original reviewer modified the request to consultation and 1 session with chiropractor to allow for re-evaluation which is appropriate. As such, the request for consultation and treatment with chiropractor for the low back is not medically necessary.

Consultation and treatment with orthopedic for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-352. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits

Decision rationale: ACOEM states "Referral for surgical consultation may be indicated for patients who have:-Activity limitation for more than one month; and- Failure of exercise programs to increase range of motion and strength of the musculature around the knee. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". The treating physician has not provided the specific goal of the orthopedic referral and

has not provided documentation to meet the above ACOEM guidelines for referral to an orthopedic specialist for shoulder, neck, and/or low back complaints. The medical documentation provided only indicates a subjective complaint of "pain in knee" but do not indicate any objective findings that would warrant an orthopedic consultation for right knee complaints. As such, the request for consultation and treatment with orthopedic for the right knee is not medically necessary.