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| Case Number: | CM14-0103471 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 04/27/2009 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 Chiropractor Therapy, 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 55 year old male with chronic low back and left knee pain, date of injury is 04/27/2009. Previous treatments include LINT therapy, left knee injections, medications, physical therapy, acupuncture, chiropractic, and home exercises. Progress report dated 5/5/2014 by the treating doctor revealed patient complains of constant moderate dull, achy, sharp low back pain and stiffness, aggravated by cold weather, standing, walking, bending, and squatting, left knee pain associated with standing and walking, pain severity is 7/10. Objective findings include trigger points of lumbar paraspinal, ROM decreased flexion and extension, lumbar paraspinal tender to palpation, positive Kemp's, positive sitting SLR bilaterally, there is tenderness to palpation of the anterior knee, lateral knee, and medial knee, positive McMurray. Diagnoses include lumbar muscle spasm, lumbar radiculopathy, lumbar sprain/strain, left knee internal derangement, left knee pain, left knee sprain/strain, status post inguinal hernia repair, sleep disruption, loss of sleep, sleep disturbance, elevated blood pressure, hypertension, inguinal hernia. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week times 2 weeks, for the lumbar spine, and left knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): Page: 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The claimant presented with ongoing low back pain and knee pain despite previous treatments with medications, injections, acupuncture, physical therapy, chiropractic, LINT, and home exercises. It is unclear how many chiropractic treatments the claimant has completed. However, MTUS guidelines do not recommend chiropractic treatments for knee pain. Therefore, the request for 8 chiropractic treatments for the lumbar spine and left knee is not medically necessary.