

Case Number:	CM14-0125241		
Date Assigned:	09/26/2014	Date of Injury:	04/24/2014
Decision Date:	07/17/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

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 injured worker is a 67 year old female, who sustained an industrial injury on April 24, 2014, incurring bilateral knee injuries and facial injuries after a slip and fall. Diagnostic imaging of both knees revealed pre-patellar soft tissue swelling with no fractures. A computed tomography of the head was unremarkable. She was diagnosed with cervical sprain with degeneration, bilateral knee contusion and knee sprains and facial contusions with residual headaches. Treatment included pain and anti-inflammatory drugs medications. Currently, the injured worker complained of continued persistent knee pain with restricted range of motion. The treatment plan that was requested for authorization included chiropractic manipulation sessions for the knees and one Home Interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic manipulation sessions for the knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to the MTUS Chronic Pain Medical 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. 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 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." The medical necessity for the requested 12 chiropractic treatments for the knees unit was not established. Medical treatment utilization schedule guidelines do not support manipulation for knee complaints. Therefore, this request is not medically necessary.

1 Home Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, page 118, gives the following recommendations regarding interferential therapy: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." The medical necessity for the requested interferential unit was not established. Medical treatment utilization schedule guidelines do not support interferential units used as an isolated intervention. In this case, the device was to be utilized with the chiropractic manipulation. Given that the manipulation is not medical necessity, the adjunctive interferential unit for home use was not established. This request is not medically necessary.