

Case Number:	CM14-0133439		
Date Assigned:	08/25/2014	Date of Injury:	09/10/2012
Decision Date:	01/15/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 42-year-old woman with a date of injury of 09/10/2012. A supplemental treating physician note dated 07/29/2014 identified the mechanism of injury as a fall, resulting in left leg, arm, and lower back pain. This note and treating physician notes dated 06/24/2014 and 07/08/2014 indicated the worker was experiencing pain in the left knee, shoulder, neck and upper back, and lower back; headaches; and pain that went from the lower back into the right leg. Documented examinations consistently described tenderness in the upper back, lower back, left knee, and left shoulder; decreased motion in the upper and lower back joints, left knee, and left shoulder; positive testing involving a straightened left leg; decreased lower left leg sensation; positive Apley's testing; and limping. The submitted and reviewed documentation concluded the worker was suffering from sprain of the upper and lower back, left knee, and left shoulder; depression; anxiety; and insomnia. Treatment recommendations included oral and topical pain medications, medication for anxiety, a left knee brace, MRI imaging of the left knee, weight reduction, increased exercise and a home exercise program, psychological therapy, additional chiropractic care, and follow up care. A Utilization Review decision was rendered on 08/13/2014 recommending modified certification for three sessions of chiropractic treatment for the lower back but not for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment x3 for the Left Knee, Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed records indicated the worker was experiencing pain in the left knee, shoulder, neck and upper back, and lower back; headaches; and pain that went from the lower back into the right leg. The Guidelines do not support chiropractic care for symptoms involving the knees. The worker completed sixteen chiropractic treatments with documented improved pain and function. There was no discussion detailing repeated injury, an event that exacerbated the worker's symptoms, or the presence of comorbidities that would support the need for additional sessions beyond what is generally required. In the absence of such evidence, the current request for three sessions of chiropractic treatment for the lower back and left knee is not medically necessary.