

Case Number:	CM14-0182484		
Date Assigned:	11/07/2014	Date of Injury:	03/18/2013
Decision Date:	02/17/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 a licensed Chiropractor (DC), 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 29 year old female with chronic left knee pain and low back pain, date of injury is 03/18/2013. Previous treatments include medications, injections, chiropractic and physiotherapy. Progress report dated 08/11/2014 by the treating doctor revealed patient with complains of occasional left knee pain, 2/10 on pain scale, pain radiated into the left ankle and left buttock, constant center lower back pain that described as aching, dull, and sharp, 7/10, pain radiated into the left buttock, left foot, left hip, left toes, left upper back, right buttock, right hip, right upper back, and pain down both thighs, right wrist pain, 2/10, pain radiated into the right elbow and right forearm, occasional left wrist pain, 3/10, aching, dull, sharp, and stabbing, moderate mid back pain, 7/10, aching, dull, and sharp. Physical examination revealed decreased lumbar ROM with moderate pain, decreased left knee flexion with moderate pain, lumbar spinal +3 tenderness, lumbar muscles hypertonic on both sides with severe trigger point in the erector spine on both sides, positive SLR, positive Kemps, positive Patrick-Fabere on the left, positive Milgram's test, left knee tuberosity tenderness grade 3, +3-4 left medial knee with jump reflex and radiation of pain, positive Valgus and McMurray's test on the left. Diagnoses include multi-level lumbar disc, left knee tendonitis, thoracalgia myofascitis, wrist tenosynovitis, lumbar myofascitis/myositis, lumbar muscle spasms, thoracic myalgia/myofascitis, thoracic muscle spasm, and muscle spasms bilateral buttocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic Visits 2x/week for 3 weeks for the Left Knee as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 and 59.

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

Decision rationale: The claimant presented with ongoing pain in the left knee and lower back despite previous treatments with medications, injection, chiropractic and physiotherapy. There are no chiropractic treatment records available, it is unclear how many visits the claimant has had and what the treatment outcomes are. In addition, MTUS guidelines do not recommend chiropractic manipulation for the knee. Therefore, the request for 6 chiropractic treatment is not medically necessary.