

Case Number:	CM14-0186894		
Date Assigned:	11/14/2014	Date of Injury:	03/07/2014
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

This 59 year old female reported a work injury on 3/7/2014 after an elevator dropped approximately 5 feet causing her to trip over her foot, and as she fell, she hit her left elbow and sustained "whiplash". Diagnostic studies with neck, mid-back and right knee x-rays, along with right knee magnetic resonance imaging (MRI) and neck scan, noted and diagnosed: degenerative features in the knees and neck, tears of both menisci and MCL, protrusion hypertrophy with bilateral stenosis around c (cervical) 5,6 & 7. Treatment has included consultations, medication management, and Chiropractic, Physical Therapy and Acupuncture treatments. Progress notes of 6/5/2014 note a recent Emergency Room visit, on 5/18/2014, for bilateral forearm pain that was treated as probable cervical radiculopathy, although no distinct cause was seen; noting the IW had already completed 6 chiropractic visits. Objective assessment findings noted mild tenderness, but an otherwise, benign neck assessment with no radicular pattern of symptoms; as well as decreased range of motion (ROM), and no radiculopathy, to the right, stable, knee; and that the IW was awaiting clearance for a right knee arthroscopy. The treatment plan included request for 12 Acupuncture and 12 Chiropractic treatments for management of cervical spine complaints; and Tramadol for pain. Cardiac clearance was noted to have been given on a 5/14/2014 report. Progress notes of 7/17/2014 shows continued right knee pain and neck tightness and soreness without significant radiation; without significant objective assessment findings. This report states that the pending arthroscopic knee surgery is delayed for parathyroid surgery, for newly diagnosed hypercalcemia; and that an alternative treatment of a corticosteroid injection into the right knee was discussed and declined by the IW. Progress notes of 9/2/2014 note a successful parathyroid surgery on 8/11/2014, continued neck pain, without radiation, numbness or tingling, and right knee pain with improvement of symptoms when using a cane to walk. The treatment plan included scheduling the right knee arthroscopy as an outpatient, with

possible status post viscosupplementation, and to resume her 12 authorized acupuncture treatments, only having completed 2. The IW was continued on temporary total disability until 10/30/2014. Cardiac clearance was, again, noted given on the 10/7/2014 report. No further medical records are available for my review. On 10/24/2014, a Utilization Review non-certified the request for an 12 additional Chiropractic treatments, status post the 10/24/2014 knee surgery, noting no diagnosis as well as consistent benign neck assessment/objective findings, to include a full return of ROM. Also stated was that the number of Chiropractic treatments authorized and the number received prior to surgery, yielded interim treatment in between exams, and that perhaps the injured worker (IW) had hit a plateau with Chiropractic treatments. It called to question that post-surgery, the IW might be a candidate for more aggressive and active rehabilitation versus more Chiropractic manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant presented with ongoing neck pain despite previous treatments with medication, acupuncture, and chiropractic. Reviewed of the available medical records showed the claimant has completed 18 chiropractic treatments to date. Based on the guidelines cited above, the request for additional 12 chiropractic treatments would exceeded the evidence based guidelines for chiropractic treatment. Therefore, it is not medically necessary.