

Case Number:	CM14-0191992		
Date Assigned:	11/25/2014	Date of Injury:	03/25/2014
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Chiropractic 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 47-year old female with chronic neck, right shoulder, right knee, and low back pain, date of injury is 03/25/2014. Previous treatments include medications, bracing, chiropractic, physical therapy, and home exercises. Progress report dated 10/08/2014 by the treating doctor revealed patient currently in physical therapy for the right knee, neck pain, difficulty sleeping, mild pain in cervical spine and right shoulder with activities, occasional headaches but improving. Objective findings include medial and lateral right knee joint tenderness, ROM 0-95, mildly crepitus, right shoulder flexion 120, abduction 90, positive impingement test, lumbar spine tender to palpation, decreased ROM secondary to pain in all planes, cervical spine mild decreased ROM, tender to palpation. Diagnoses include cervical post /state with mild DDD C5-7, lumbar p/s, right shoulder p/s, right knee contusion, blunt head trauma. The patient remained temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

Decision rationale: The claimant presented with ongoing pain in the neck, right shoulder, low back, and right knee. Although current evidences based guidelines do not recommend chiropractic treatments for the knee, the claimant has had 20 chiropractic sessions to date which did not help her return to productive activities. The claimant remained temporarily totally disabled. Based on the guidelines cited, the request for 8 chiropractic therapy sessions is not medically necessary.