MAXIMUS Federal Services

Case Number:	CM14-0200949		
Date Assigned:	12/11/2014	Date of Injury:	01/04/2014
Decision Date:	01/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 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:

The injured worker (IW) is a 45-yeasr-old woman with a date of injury of January 4, 2014. The mechanism of injury occurred as a result of breaking down pallets over the course of her employment for 14 years. This resulted in a cumulative trauma. She sustained injury to her low back. The IW has been diagnosed with lumbar radiculopathy; and internal derangement of knees, not otherwise specified. She is currently working modified duty. Pursuant to the Primary Treating Physician's Progress Report dated December 2, 2014, the IW complains of increased pain in her low back with numbness and tingling in her left lower extremity. She also has right knee pain. Physical examination of the lumbar spine reveals spasms in the paraspinal muscles. There is tenderness to palpation of the paraspinal muscles. Range of motion (ROM) is restricted. Muscle testing reveals 5/5 strength in all muscle groups. Examination of the knees reveals no swelling or warmth. There appears to be no deformities or asymmetry. There are no signs of external trauma, ecchymosis, lacerations, abrasions, or hematoma. There was tenderness to pressure over the bilateral knees. ROM is normal. McMurray's test is positive bilaterally. Current medications include Orphenadrine ER 100mg, and Tramadol HCL 50mg. Am MRI of the left knee was performed October 25, 2014 which demonstrates intrasubstance degeneration of the medial meniscus and degenerative horizontal tearing with an associated large septated parameniscal cyst extending from the posterior horn body junction dissecting superficial to the medial collateral ligament. Remote low to moderate grade sprain of the anterior cruciate ligament with posterior bowing and scarring. No evidence of recent tibial translation event. Bipartite patella. There was not an MRI of the right knee in the medical record. The current request is for chiropractic care treatments to the L-spine 3 times a week for 4 weeks (12 sessions), and orthopedic consultation for the right knee.Pursuant to a QME dated April 22, 2014, the IW has failed conservative treatment including drug therapy, activity modifications,

physical therapy, chiropractic treatment, rest, and home exercise program referable to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel therapy & Manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Chiropractic.

Decision rationale: Pursuant to the Official Disability Guidelines, 12 chiropractic care treatments are not medically necessary. Chiropractic treatment is enumerated in the Official Disability Guidelines. For mild symptoms of the six visits over two weeks. For severe symptoms of trial of six visits over two weeks; what evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks, if acute. Elective maintenance care is not medically necessary. For recurrences or flare-ups-need to reevaluate treatment success, if returned to work achieve than once to visits every 4 to 6 months. In this case, the injured worker is a 45-year-old date of injury January 4, 2014. A QME performed April 22, 2014 indicates the injured worker failed the course of physical therapy, activity modification and medications. A request for chiropractic treatment was submitted by the treating physician for 12 visits (three visits per week times four weeks). The guidelines recommend (for initial treatment) six visits over two weeks for mild symptoms and for severe symptoms a trial of six visits over two weeks; with evidence of objective functional improvement additional physical therapy may be provided. Consequently, absent the appropriate request for chiropractic treatment at six visits over two weeks with documentation of objective functional improvement for additional visits, 12 chiropractic treatments are not medically necessary.

Orthopedic Consultation for Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits.

Decision rationale: Pursuant to the Official Disability Guidelines, orthopedic consultation for the right knee is not medically necessary. Evaluation and management visits to the offices of medical doctors play a critical role in proper diagnosis and returned function of an injured worker. The need for clinical office visits with a health care provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable

physician judgment. In this case, the injured worker has complaints of low back pain and right knee with a date of injury January 4, 2014. The documentation between February 11 of 2014 and October 7, 2014 did not contain any subjective complaints or objective physical findings or diagnoses related to either the left knee or the right knee. A December 2, 2014 progress note indicates there was no swelling of warmth at the knees, no deformities, no signs of external trauma, bruising lacerations were abrasions. There was tenderness to pressure over the knees bilaterally. The diagnostic impression was lumbar radiculopathy; and internal derangement knee not otherwise specified. An MRI of the left knee was performed on October 25, 2014. There degenerative changes in the medial meniscus and degenerative horizontal tearing with an associated large septated cyst. An MRI was not performed on the right knee. There has been no physical therapy or conservative measures applied to the right and left knee. Consequently, absent the appropriate clinical documentation and conservative workup/treatment for the affected knees, orthopedic consultation for the right knee is not medically necessary.