

Case Number:	CM14-0202160		
Date Assigned:	12/12/2014	Date of Injury:	12/04/2013
Decision Date:	02/06/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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 Board Certified in Chiropractor (DC), has a subspecialty in Acupuncture 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 is a 30-year old female with a reported industrial injury on December 4, 2013, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on November 17, 2014 for follow-up visit with chiropractor. The complaints included hip pain, knee pain and mid back pain persist. The injured worker indicates that standing make her whole left leg hurt including the bottom of the foot, has occasional loss of balance, difficulty sleeping she has difficulty walking or standing. The physical exam revealed a loss of motion (global and segmental) in the lumbosacral, left hip and left knee areas with considerable pain in some directions. Left foot range of motion produced some pain, left rotation produced soma pain in the mid to low back, Patrick-Faber (pain in the external and internal rotation flexion left hip) and Lasegues test (low back pain), hypertonicity and tenderness is still present in each of these areas and the anterior, posterior and left soft tissues of the left hip were tender as well. The diagnostic studies have included Magnetic resonance imaging (MRI) of the left knee on January 8, 2014 revealing small joint effusion with superolateral Hoffa's fat pad edema Hoffitis and mild lateral patella subluxation with patellar chondral thinning. The medical treatment is chiropractic treatment number of sessions not made available. The work status as of November 17, 2014 is work restrictions which include no heavy lifting more than fifteen pounds, no pushing and pulling more than thirty pounds and minimal stair climbing, the work modifications would continue until at least mid-January 2015. Diagnoses are Trochanteric bursitis of the left hip, joint derangements of the left hip and knee derangement. The goal is to improve symptoms twenty-five percent, decrease soft tissue tonicity and improve activities of daily living/work and increase range of motion twenty percent. On November 14, 2014 the provider requested Chiropractic Treatment, six sessions on November 20, 2014, the Utilization

Review non-certified Chiropractic Treatment, six sessions based on the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment Qty: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chiropractic Guidelines and Low Back

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Per chiropractic notes dated 12/01/14, there has been slight improvement in the knee and back. Provider requested additional 6 chiropractic sessions for lumbar spine and knee pain. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional 6 Chiropractic visits are not medically necessary.