

Case Number:	CM14-0202204		
Date Assigned:	12/12/2014	Date of Injury:	04/24/2014
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
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 licensed in Chiropractic therapy, 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 32 year old male reportedly sustained a work related injury on April 24, 2014 due to a physical altercation. Magnetic resonance imaging (MRI) of left knee and spine dated July 19, 2014 revealed normal knee and cervical disk protrusion. Primary treating physician visit dated August 28, 2014 provides the injured worker has not had significant improvement. Physical exam revealed spasm of cervical spine and tenderness of the left knee. Work status is listed as modified with no lifting pushing or pulling over 10 pounds and no walking or standing longer than 30 minutes. Treatment plan was for trigger point injection. Improvement in symptoms was noted. Utilization review mentions a primary treating physician visit dated November 6, 2014 noting continued neck and back pain and left knee instability. Of note is completion of 12 chiropractic treatments with improved range of motion (ROM) and function. On November 24, 2014 utilization review determined a request dated November 17, 2014 for chiropractic 3x4 for back, neck and left knee to be non-certified. Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines were cited in the determination. Application for independent medical review (IMR) is dated December 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 3 times 4 For Back, Neck And Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

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

Decision rationale: The claimant presented with ongoing pain in the neck, low back, and left knee with instability. Previous treatments include medications, injections, and chiropractic. While MTUS guidelines do not recommend chiropractic treatment for the knee, the claimant has completed 12 chiropractic treatments. And the request for additional 12 chiropractic treatment would exceed the maximum number of visits recommended by the guidelines. Therefore, it is not medically necessary.