

Case Number:	CM14-0202635		
Date Assigned:	12/15/2014	Date of Injury:	03/24/2014
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
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 Family Practice 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 47-year-old sales manager reported a 3/24/14 injury to her low back and both knees due to cumulative trauma from her usual job duties. There are four notes from the patient's current primary treater in the available records, with dates from 8/15/14 to 11/21/14. All of the notes document that the patient complains of low back and bilateral knee pain. The patient is obese (BMI 36.4). Other physical findings include tenderness of the back and infrapatellar area bilaterally, decreased back range of motion, normal knee range of motion, and positive McMurray tests bilaterally. The provider summarizes medical reports from previous treatment and tests as they become available to him. These include reports from a chiropractor and an acupuncturist, as well as MRIs, and neurodiagnostic testing. On 11/21/14 this records review included 10/24/14 bilateral knee MRI's, both of which showed lateral meniscus tears. The left knee also had a medial meniscal tear. The right knee was noted to have a "possible enchondroma or osteosarcoma". The radiologist recommended consideration of a bone scan, x-ray and CT. The most current (11/21/14) documented diagnoses include lumbar spine sprain, bilateral knee sprain, stress, anxiety, depression, lumbar spine multilevel disc protrusions with annular tear, lumbar radiculopathy, lateral and medial meniscal tears of the left knee, and right knee lateral meniscus tear with cyst, possible enchondroma or osteosarcoma, bone island and effusion. Treatment includes oral and topical compounded medications. In all four visits, the treater states that he is going to request 12 chiropractic treatments with supervised physiotherapy and 12 acupuncture treatments. The stated rationale for the chiropractic visits is "to restore strength and function to the deconditioned paralumbar musculature". The 11/21/14 note also includes statements that the treater is going to request orthopedic consultation for the knees and spine, and a home exercise kit for the knees and spine. Although the treater never specifically summarizes previous treatments and results, it can be presumed that the patient has already

received both chiropractic and acupuncture treatment, since review of notes by a chiropractor and an acupuncturist are included in the records. The 9/12/14 note contains a quote from the patient which states "therapy and acupuncture helps decrease pain temporarily". The only note that addresses the patient's functional status is dated 8/15/14. Among other things, it states that the patient is unable to walk, to do light household duties, or to lift more than 5 pounds. Although the records contain a single work status on 10/10/14 which states that the patient should not lift more than 30 pounds, it can be presumed that the patient is not working given the extremely limited functional abilities described on 8/15/14, none of which are described as having improved. On November 21, 2014, Utilization Review non-certified twelve sessions of chiropractic treatment with supervised physiotherapy for the lumbar spine and right knee, based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Chiropractic Treatment with Supervised Physiotherapy for the Lumbar Spine and Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Manual therapy and manipulation, and Physical Medicine Page(s): 9, 58, 98-99.

Decision rationale: According to the first citation above, all therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The manual manipulation citation states that manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. It is recommended as an option for the low back, and should involve a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. Manual therapy and manipulation are not recommended for knee injuries. The physical medicine citation states that passive therapy is for early phase of treatment. Active therapy recommended over passive care, with transition to home therapy. Recommended quantities: Myalgia and myositis, 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. The clinical documentation in this case does not support the provision of additional chiropractic treatment or physical therapy to this patient. There is clear documentation that she has already had some number of chiropractic sessions, which did not result in any functional recovery. She has apparently not returned to work in any capacity. The patient herself states that physical therapy only decreases her pain temporarily. There is no documentation of any goals that could not be accomplished with home therapy and would require additional formal chiropractic treatment or physical therapy. In fact, the primary treating physician has requested authorization for a home therapy exercise kit, which would imply that he believes home therapy would be sufficient. In addition, this patient had a knee MRI that revealed a possible serious knee condition (osteosarcoma) and meniscal tears. These diagnoses would be unlikely to respond to physical therapy. The provider has appropriately requested orthopedic evaluation. Based on the

MTUS citations above and on the clinical documentation provided for my review, 12 sessions of chiropractic treatment with supervised physiotherapy for the lumbar spine and right knee are not medically necessary. They are not medically necessary because the patient demonstrated no functional recovery with previous therapy, because her provider has not outlined any goals that could not be accomplished by home exercise therapy, because chiropractic manipulation is not indicated for the knee, and because the patient has bilateral meniscal tears as well as a possible osteosarcoma, none of which are likely to respond to manipulation or physical therapy.