

Case Number:	CM14-0206924		
Date Assigned:	12/18/2014	Date of Injury:	02/23/2009
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 59 year old employee with date of injury of 2/23/09. Medical records indicate the patient is undergoing treatment for cervicalgia; left shoulder impingement syndrome; chronic lumbar strain; left knee medial meniscus strain and osteoarthritis; s/p arthroscopy left knee with partial medial meniscectomy and synovectomy; right knee medial and lateral meniscus tears, partial ACL tear, osteoarthritis; s/p arthroscopy right knee and partial medial and lateral meniscectomies, synovectomy, radiofrequency shrinkage of ACL and unspecified backache. Subjective complaints include disturbed sleep; neck pain 6/10 and interference with daily living. His hands cramp and the have numbness and tingling. There is constant mid to low back pain, 5/10 and that pain radiates to the buttocks. Pain radiates to the ankle on the left, to the calf on the right. Back pain is greater than leg pain although he complains of numbness and tingling in the legs. Both knees hurt constantly, 5/10 with popping and clicking. The patient does not like taking medications due to stomach upset. Objective findings include decreased cervical lordosis; thoracic kyphosis and lumbar lordosis are both normal; able to walk on toes and heels; bilateral shoulders have decreased range of motion (ROM), and crepitanace; knees have decreased ROM. Muscle guarding is present in the cervical and lumbar region. Bilateral shoulder impingement and AC tests are non-diagnostic. There is no spasm present in the cervical, thoracic or lumbar regions. Tenderness is present in the cervical, thoracic and lumbar regions, the bilateral shoulders, the right and left sacroiliac joints and the right and left sciatic notch. He has normal back and abdominal strength and motor strength of the neck. There is no swelling or effusion in the bilateral knees and patellar tracking is normal on both sides. Crepitanace is present bilaterally and there is 1+ medial laxity of the bilateral knees. There is diffuse swelling and tenderness of the ankles but alignment and stability are normal. His sensory and motor exam are normal in both bilateral upper and lower extremities. Tinel, Babinski, Patrick's and Phalen's are all negative

bilaterally. The elbow flexion is negative bilaterally. Reflexes are 2+ on: bilateral triceps, biceps, knees, ankles and brachioradialis. Supine straight leg raise causes buttock pain at 40 degrees on the right and left. Treatment has consisted of chiropractic care, home exercise program. The utilization review determination was rendered on 11/24/14 recommending non-certification of Chiropractic 2 x a week x 4 weeks to the neck and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x a week x 4 weeks to the neck and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) and Knee, Chiropractic care and Manipulation.

Decision rationale: MTUS guidelines do not specifically address cervical neck chiropractic therapy, but does discuss chiropractic therapy in general. MTUS states, "Recommended for chronic pain if caused by musculoskeletal conditions." MTUS additionally quantifies, "b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities." Medical records indicate that that patient has undergone chiropractic treatment. The guidelines can allow for therapy up to 25 sessions, but the treatment notes do not indicate applicable medical conditions for such quantity of treatment. The treating physician does not note any improved objective or subjective findings from previous chiropractic therapy. In addition the treating physician did not provide documentation of a home exercise program (HEP). MTUS recommends that active therapy such as a HEP be done with passive therapy such as Chiropractic treatment. As such, the request for Chiropractic 2 x a week x 4 weeks to the neck and bilateral knees is not medically necessary.