

Case Number:	CM15-0006057		
Date Assigned:	01/21/2015	Date of Injury:	01/06/2009
Decision Date:	03/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Chiropractor

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 61-year-old female who reported injury on 01/06/2009. The mechanism of injury was due to a trip and fall. Her diagnoses include status post left knee arthroscopy and right knee arthroscopy, lumbar spine disc bulge, right knee internal derangement, and a status post left knee surgery. Her past treatments included surgery and medications. On 11/18/2014, the injured worker complained of low back, and bilateral knee/leg pain. The physical examination revealed the right mid anterior thigh, right lateral calf, and right lateral ankle are intact to light touch sensation. Her relevant medications were not provided for review. The treatment plan included chiropractic, with an unspecified quantity or amount. The rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (Unspecified qty or amount): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG/chiropractic

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

Decision rationale: The request for chiropractic (unspecified qty or amount) is not medically necessary. According to the California MTUS Guidelines, manual therapy and manipulation is recommended for patients with chronic pain caused by musculoskeletal conditions. The intended goal or effect for manual therapy is for the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progress in the patient's therapeutic exercise program and return to productive activities. According to the case notes, the injured worker has had a combined total of 99 therapy sessions to include aquatic therapy. However, there was a lack of documentation in regard to the number of previously completed visits and objective functional improvement from the completed visits. In addition, the physical examination failed to include range of motion, motor strength, or any functional deficits documented indicating exceptional factors to warrant additional chiropractic sessions. In the absence of the above, the request is not supported by the evidence based guidelines. In addition, the request as submitted does not specify a body region, duration, or quantity for the chiropractic treatment. As such, the request is not medically necessary.