

Case Number:	CM15-0107189		
Date Assigned:	06/11/2015	Date of Injury:	10/29/2008
Decision Date:	08/04/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/03/2015

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: California
 Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 50 year old male, who sustained an industrial injury on 10/29/08. He reported right lower extremity and low back pain. The injured worker was diagnosed as having right leg and knee fractures. Treatment to date has included urine drug screen, physical/occupational therapy, surgery, chiropractic care, acupuncture, x-ray, MRI, medication, TENS unit and heat therapy. Currently, the injured worker complains of low back pain that radiates to his neck and right knee pain that radiates to his right ankle. The pain is described as constant (low back) and frequent (right knee) and is rated 8/10 it is exacerbated with activity. He experiences right ankle pain described as frequent and rated 6/10. The injured worker is currently diagnosed with traumatic injury of the right lower extremity (status post-surgery and skin grafting), right knee meniscal tear (status post arthroscopy), recurrent right knee pain, acute lumbar strain rule out disc herniation, right ankle sprain/strain rule out internal derangement. His work status is sedentary work only with modification-if work is unavailable the injured worker should be considered temporary and totally disabled (the injured worker is currently not working). A note dated 3/11/15 states the injured worker had completed 2 chiropractic treatments to the lumbar spine, which did increase his range of motion and temporarily decreased his pain allowing him to tolerate longer periods of ambulation. An examination on the same date revealed a slight decrease in range of motion in the lumbar spine and right knee. Tenderness with palpation was also noted. A note dated 4/6/15 states the injured worker experiences some pain relief with an anti-inflammatory from 8/10 to 6/10. A chiropractic note dated 2/13/15 states

the injured worker is experiencing benefit from chiropractic care. A request for chiropractic care (8 sessions) for lumbar spine is sought to continue to provide relief from his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the lumbar spine for 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004: 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 5/7/15 denied the request for additional Chiropractic care, 8 visits to the patients lumbar spine citing CA MTUS Chronic Treatment Guidelines. The reviewed documents reflect prior Chiropractic care 12 sessions provided before the 3/18/15 charting of continuing care. The medical necessity for continued Chiropractic care, 8 visits is not medically necessary by the reviewed medical records and the CA MTUS Chronic Treatment Guidelines.