MAXIMUS Federal Services

Case Number:	CM15-0108218		
Date Assigned:	06/12/2015	Date of Injury:	05/16/2011
Decision Date:	07/14/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/04/2015

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 48 year old female, who sustained an industrial injury on 5/16/11. She has reported initial complaints of back and left knee pain after an injury at work. The diagnoses have included bilateral knee strain/sprain rule out internal derangement, lumbar sprain/strain, lumbar radiculopathy, lumbar disc herniation, anxiety and stress. Treatment to date has included medications, diagnostics, and activity modifications, off work, physical therapy, acupuncture and chiropractic. Currently, as per the physician progress note dated 4/16/15, the injured worker complains of low back pain rated 8/10 on pain scale with numbness and tingling in the right leg. She complains of stiffness in the spine and weakness in the lower extremities. She also complains of pain in the bilateral hips, knees and ankles rated 7/10 on pain scale and reports that it affects her sleep at night. The physician progress note dated 4/14/15 reveals that the bilateral knee exam shows that the Q angle of the knee is increased and there is effusion noted. There is tenderness to palpation bilaterally and crepitus with range of motion. The bilateral knees range of motion is decreased with flexion and Apley's compression test and the patella grinding tests are positive bilaterally. The current medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin. The physician notes that the Magnetic Resonance Imaging (MRI) of the lumbar spine reveals facet arthropathy, disc protrusion and bilateral foraminal narrowing. However, there are no diagnostic reports noted in the records. There is previous acupuncture and physical therapy sessions noted ion the records. The physician requested treatment included Chiropractic Therapy to the Lumbar Spine & Left Knee QTY: 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy to the Lumbar Spine & Left Knee QTY: 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 6/1/15 denied the treatment request for additional Chiropractic care, 18 visits to the patients lower back and left knee citing CAMTUS Chronic Treatment Guidelines. The patients past medical history of alternative care including Chiropractic manipulation was reviewed and failed to address functional gains/improvement made with applied care prior to this request for an additional 18 sessions of care. The medical necessity for the additional course of care, 18 sessions to the lumbar/knee was not supported by the documents reviewed or referenced CAMTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.