

Case Number:	CM15-0134796		
Date Assigned:	07/23/2015	Date of Injury:	05/26/2015
Decision Date:	09/04/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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

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 52 year old female who sustained an industrial injury on May 26, 2015. She has reported bilateral shoulder pain and bilateral knee pain and has been diagnosed with sprains and strains of unspecified site of shoulder and upper arm, sprain of lumbar, and sprain of lateral collateral ligament of knee. Treatment rendered was for chiropractic therapy. There was bilateral shoulder weakness with occasional cervical pain and lower back pain with increased activity. There was bilateral knee pain and weakness with locking. The treatment request included chiropractic manipulation for the right knee, left knee, right shoulder, left shoulder, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation at three times per week for six weeks for the right knee, left knee, right shoulder, left shoulder and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, manipulation; shoulder, manipulation; lumbar spine, manipulation.

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

Decision rationale: The claimant presented with bilateral shoulder pain and knee pain. Although evidences based MTUS guidelines do not recommend chiropractic treatments for the knee, the claimant has had chiropractic treatment previously. However, total number of visits completed and treatment outcomes are not documented. Based on the guidelines none recommendation for care, the request for 18 chiropractic visits for the knee, shoulders, and lower back is not medically necessary.