

Case Number:	CM15-0135702		
Date Assigned:	07/30/2015	Date of Injury:	04/21/2015
Decision Date:	10/07/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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 39 year old male who sustained an industrial/work injury on 4-21-15. He reported an initial complaint of back, leg, left shoulder, knee, and ankle pain. The injured worker was diagnosed as having Old bucket handle tear of medial meniscus, acromioclavicular sprain-strain, sprain-strain lateral collateral ligament of knee, ankle sprain-strain, and lumbar sprain-strain. Treatment to date includes medication and diagnostics. Currently, the injured worker complained of low back pain radiating to bilateral lower extremities, right leg numbness, right knee pain wit weakness and occasional clicking and popping, left knee pain, bilateral ankle pain, left shoulder pain with occasional clicking and popping, and left upper extremity weakness. Per the primary physician's report (PR-2) on 6/3/15, exam revealed decreased range of motion to the lumbar spine, decreased range of motion to left shoulder, knee, ankle, positive Kemp's, positive Fabre's, positive cross arm test, positive Hawkin's impingement sign, and positive McMurray's. The requested treatments include Chiropractic 2x6 right knee and left knee, Acupuncture 2x6 right knee and left knee, Chiropractic 2x6 left shoulder, Acupuncture 2x6 left shoulder, Acupuncture 2x6 lumbar spine, Chiropractic 2x6 lumbar spine, Acupuncture 2x6 right ankle and left ankle, and Chiropractic 2x6 right ankle and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x6 right knee and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: It appears that this is a request for an initial chiropractic trial. Evidenced based guidelines recommend a trial of chiropractic. However, a request for 12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further chiropractic may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of prior chiropractic. Also the duration and total amount of visits completed should be submitted. Also, chiropractic is not recommended for the knee. Therefore twelve sessions of chiropractic are not medically necessary.

Acupuncture 2x6 right knee and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.

Chiropractic 2x6 left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation ODG, Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: It appears that this is a request for an initial chiropractic trial. Evidenced based guidelines recommend a trial of chiropractic. However, a request for 12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further chiropractic may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial

trial, the provider should document functional improvement as a result of the completion of prior chiropractic. Also the duration and total amount of visits completed should be submitted. Also, chiropractic is not recommended for the shoulder. Therefore twelve sessions of chiropractic are not medically necessary.

Acupuncture 2x6 left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.

Acupuncture 2x6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.

Chiropractic 2x6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: It appears that this is a request for an initial chiropractic trial. Evidenced based guidelines recommend a trial of chiropractic. However, a request for 12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further chiropractic may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of prior chiropractic. Also the duration and total amount of visits completed should be submitted. Therefore twelve sessions of chiropractic are not medically necessary.

Acupuncture 2x6 right ankle and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.

Chiropractic 2x6 right ankle and left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: It appears that this is a request for an initial chiropractic trial. Evidenced based guidelines recommend a trial of chiropractic. However, a request for 12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further chiropractic may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of prior chiropractic. Also the duration and total amount of visits completed should be submitted. Also chiropractic is not recommended for the ankle. Therefore twelve sessions of chiropractic are not medically necessary.