

Case Number:	CM15-0138756		
Date Assigned:	07/28/2015	Date of Injury:	12/31/2014
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/17/2015

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 31 year old female, who sustained an industrial injury on 12/31/14. Initial complaints were of her lower back and right knee. The injured worker was diagnosed as having right hip musculoligamentous sprain/strain; lumbar spine musculoligamentous sprain/strain; lumbar myospasm with radiation to the right lower leg radiculopathy; thoracic and lumbar spine musculoligamentous sprain/strain; loss of consciousness; difficulty sleeping. Treatment to date has included chiropractic therapy; physical therapy; medications. Currently, the PR-2 notes dated 4/16/15 indicated the injured worker complains of ongoing low back and right knee pain that is primarily aggravated with weight bearing and physical activity. She was seen in this office one month ago. Physical examination is documented by this provider with tenderness to palpation (2+) of the paraspinous musculature. She has tenderness to palpation of the paraspinals, quadratus lumborum muscles and sacroiliacs bilaterally as well as the coccyx and L1, L2, L3, L4 and L5 spinous processes. She has positive straight leg raise on the right at 40 degrees. Reflexes are notes as patellar L4 and Achille's S1 and are within normal limits on the right. Her right hip examination is unremarkable with tenderness to palpation with spasms of the medial and lateral thighs on the right. She has tenderness to palpation of the greater trochanter on the rights. He has instructed the injured worker to continue chiropractic therapy, which includes physiotherapy and acupuncture. She was provided refills for Naproxen and Prilosec. He is requesting X-rays of the lumbar spine and right knee as well as EMG/NCV study of the bilateral lower extremities. The provider is requesting authorization of Chiropractic treatments 2 times a week for 6 weeks for the lumbar spine, right knee and hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 2 times a week for 6 weeks for the lumbar spine, right knee and hip: Upheld

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

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

Decision rationale: The claimant presented with chronic low back pain and right knee pain. Reviewed of the available medical records showed the claimant has had chiropractic treatment previously, however, total number of visits completed to date is unclear. In addition, evidences based MTUS guidelines do not recommend chiropractic treatment for the knee. Therefore, the request for 12 chiropractic visits for the lumbar, right knee, and hip is not medically necessary.