

Case Number:	CM15-0139938		
Date Assigned:	07/29/2015	Date of Injury:	11/26/2011
Decision Date:	09/01/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/20/2015

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 60 year old female who sustained a work related injury November 26, 2011. According to a doctor's first report of injury dated March 31, 2015, the injured worker presented with complaints that while transferring a patient from a wheelchair to bed, she felt a snap in her right knee and the next day had low back pain. Diagnoses were documented as other internal derangement of knee and lumbago. Past history included diabetes, hypertension, thyroid disease, right total knee replacement and in 1985, back surgery. According to an initial orthopedic consultation, dated April 20, 2015, the injured worker presented with low back and bilateral knee pain. Physical examination revealed; 5'2" 219 pounds; right knee revealed a well healed surgical incision, range of motion 0-115 degrees, no instability or effusion, pain over the anteromedial aspect of the knee. Examination of the left knee revealed crepitation to motion, no instability, and tenderness over the medial and lateral joint line to pressure, range of motion 0-100 degrees. Diagnoses are right knee status post total knee replacement with residual discomfort and left knee degenerative joint disease. Treatment plan included transferring care to a total joint specialist for possible revision. At issue, is a request for authorization for chiropractic treatment to the lumbar spine 2 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Chiropractic treatment to the lumbar spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19, Chronic Pain Treatment Guidelines Page(s): 58.

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; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 6/17/15 denied the request for outpatient Chiropractic care, 8 additional sessions to the patients lower back citing CA MTUS Chronic Treatment Guidelines. The patient past medical history of care includes a 22013 lumbar surgery with no interim history of applied care, specifically Acupuncture management. The medical necessity for additional Acupuncture without a history of applied care and what functional improvement if any was documented is needed prior to consideration of additional care. The medical necessity for additional care is not provided or consistent with CA MTUS Chronic Treatment Guidelines. The request is not medically necessary.