

Case Number:	CM15-0143960		
Date Assigned:	08/04/2015	Date of Injury:	06/06/2014
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained a work related injury June 6, 2014. While reaching for a box or tortillas on a ladder, she slipped and fell, the box fell on her as she tried to cover her face with her right arm. X-rays were performed, pain medication was provided and she returned to work with restricted duties. Past history included left wrist surgery 2002, hypertension, diabetes and high cholesterol. She also reported persistent pain in the right knee. An MRI of the right knee, dated November 22, 2014, (report present in the medical record) revealed an oblique tear of the posterior horn on the medial meniscus extending to inferior articular surface; prepatellar soft tissue edema, query contusion. According to a primary treating physician's progress report, dated June 18, 2015, the injured worker presented with continued pain in the right shoulder and right knee. Objective findings are documented as; positive right knee compression test and right shoulder Apley's Scratch test positive. Diagnoses are right knee torn medial meniscus; right shoulder tendinitis; cervical spine disc protrusion C6-7 left NR comp; lumbar disc protrusion L5-S1 NR comp; bilateral ankle strains. Some handwritten notes are difficult to decipher. Treatment plan included physiotherapy, awaiting approval for knee surgery, and at issue, a request for authorization for chiropractic treatment x 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 8, Diathermy, massage, EMS and ultrasound x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

Decision rationale: The claimant sustained a work injury in June 2014. When seen, she was having neck pain, low back pain, and right knee and right shoulder pain. Authorization for arthroscopic knee surgery for a meniscal tear was pending . Physical examination findings included positive right shoulder Apley's scratch testing and positive right knee compression testing. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation or what might be needed to determine whether continuation of treatment was likely to be effective. The request was not medically necessary.