

Case Number:	CM15-0144026		
Date Assigned:	08/05/2015	Date of Injury:	12/20/2014
Decision Date:	09/10/2015	UR Denial Date:	06/22/2015
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: 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 36 year old male with an industrial injury dated 12-20-2014. The injured worker's diagnoses include right hip bursitis, right hip sprain and strain, left knee sprain and strain, right ankle sprain and strain, loss of sleep, other insomnia, anxiety and depression. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-09-2015, the injured worker reported right hip pain, bilateral knee pain, and loss of sleep. Objective findings revealed tenderness to palpitation of the right hip, bilateral knee and right foot and ankle. Physical exam also noted decrease range of motion in the bilateral knee and right ankle. The treatment plan consisted of medication management, diagnostic testing and follow up appointment. The treating physician prescribed services for chiropractic treatment, 1 time per week for 6 weeks to the left knee and left hip, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 time per week for 6 weeks to the left knee and left hip: Upheld

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

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

Decision rationale: The claimant presented with chronic left knee and left hip pain despite previous treatment with medications, injection, acupuncture, and physical therapy. Reviewed of the evidences based MTUS guidelines showed no recommendation for chiropractic treatments of the knee, therefore the request for 6 chiropractic treatments for this claimant left knee and left hip is not medically necessary.