

Case Number:	CM15-0144291		
Date Assigned:	08/05/2015	Date of Injury:	03/14/1977
Decision Date:	09/01/2015	UR Denial Date:	07/22/2015
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, 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 was a 64 year old male, who sustained an industrial injury, March 14, 1977. The injured worker previously received the following treatments 12 sessions of chiropractic services helped but stiffness recurred for the right knee pain, gym membership, non-steroidal mediations, cervical spine MRI right knee MRA, and home exercise program. The injured worker was diagnosed with osteoarthritis of the knee, cervical and lumbar radiculopathy. According to progress note of June 23, 2015, the injured worker's chief complaint was right knee pain. The injured worker had completed 7 sessions of chiropractic services with benefit. According to the progress note of May 4, 2015, the injured worker has having increased pain and swelling with walking. The injured worker was having lumbar and cervical stiffness. The treatment plan included 12 chiropractic treatments for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic treatments: cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 7/22/15 denied the treatment request for additional Chiropractic care, 12 sessions to the claimants cervical and lumbar spine regions citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect the claimant with residual lower back, cervical and knee discomfort with no clinical evidence of functional gains following the applied 12 sessions of manipulation. The medical necessity of 12 additional Chiropractic visits exceeds CAMTUS Treatment Guidelines and is not supported by evidence the claimant experienced any functional gains with applied care. Therefore, the requested treatment is not medically necessary.