

Case Number:	CM15-0144870		
Date Assigned:	08/05/2015	Date of Injury:	10/10/2009
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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:

10, 2009 the injury was sustained when the injured worker was doing regular work duties. The injured worker was on the back of a truck, unloading it, when a welding truck exploded and caused the injured work to jump off the truck. In the process the injured worker injured the back and left knee. The injured worker previously received the following treatments medications, x-rays, MRI and left arthroscopic surgery, Benazepril and Amitriptyline. The injured worker was diagnosed with hypertension, type 2 diabetes, left knee pain, left knee status post arthroscopic surgery, lumbar disc injury at L4-L5 and L5-S1 with stenosis, stress syndrome and insomnia. According to progress note of May 21, 2015, the injured worker's chief complaint was pain and stiffness in the low back with radiation into the lower extremities. There was also left knee stiffness and pain. The injured worker was also complaining of anxiety, stress and difficulty sleeping. The physical exam noted tenderness with palpation of the paraspinous region with muscle spasms. The range of motion of the lumbar spine was limited with flexion to 40 degrees, extension to 10 degrees, right lateral bend of 15 degrees and left lateral bend of 15 degrees. The straight leg raises were positive bilaterally at 360 degrees, in both the sitting and supine position. The sacroiliac strain testing was negative. The left knee examination noted well healed arthroscopic portals. There was tenderness with palpation over the medial and lateral joint lines and patellofemoral joint. The treatment plan included 12 chiropractic physiotherapy sessions for the lumbar spine and left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) chiropractic physiotherapy sessions for the lumbar spine and left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Section Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. However, these guidelines specify for an initial trial of up to 6 visits. Only with evidence of objective functional improvement, can further session be supported. Therefore this request is excessive and not medically necessary.