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| Case Number: | CM15-0193404 | | |
| Date Assigned: | 10/07/2015 | Date of Injury: | 10/30/2013 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/01/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 10-30-2013. The injured worker was diagnosed as having cervical-lumbar spine sprain-strain with radicular components, bilateral knee sprain/strain (ACL repair on the left in 2000), and status post right Achilles tendon rupture repair (unspecified date). Treatment to date has included diagnostics. On 7-09-2015, the injured worker complains of constant pain in her neck and low back "for the past three days". Pain was not rated. Her work status was retired. Current medication regimen, if any, was not documented. Exam of the cervical spine noted tenderness to palpation about the paracervical and trapezius musculature and restricted range of motion secondary to pain. Strength was 4- in the bilateral finger extension and interossei small finger. Exam of the lumbar spine noted tenderness to palpation about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the L5-S1 facets and right greater sciatic notch. Muscle spasms were noted and range of motion was restricted by pain. Sciatic tenderness and Fabere's tests were positive. Strength was 4- in the left extensor hallucis longus muscle. Exam of the knees noted tenderness along the medial joint line and superior-inferior pole of patella bilaterally, flexion to 110 degrees due to pain, valgus stress positive bilaterally, and anterior and posterior drawer sign positive on the left. The treating physician documented that she was authorized to undergo physical therapy (2x4) and was pending schedule. The previous progress report (4-30-2015) noted complaints of intermittent and "moderate" neck and low back pain, along with "achy" knees, with popping and locking sensation. On 4-30-2015, the treatment plan was for physical therapy of the bilateral knees. Dates-results from prior physical therapy

sessions were not documented. The treatment plan included chiropractic for the cervical and lumbar spine x8 and additional physical therapy for the bilateral knees x8, non-certified by Utilization Review on 9-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro times 8 C/S L/S: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions #8 to C/S, L/S is not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are cervical spine sprain strain with radicular complaints; lumbar spine sprain strain with radicular complaints; bilateral knee sprain strain status post left knee ACL repair; status post right Achilles tendon rupture repair. Date of injury is October 30, 2013. Request for authorization is September 14, 2015. The most recent progress note in the medical record is dated July 9, 2015. There is no contemporaneous clinical documentation on or about the request authorization (September 14, 2015). According to the progress note dated July 9, 2015, subjective complaints include and low back pain. Objectively, there is cervical and lumbar tenderness to palpation with decreased range of motion. The bilateral knees have medial joint line tenderness with decreased range of motion. As noted above, there is no contemporaneous clinical documentation on or about the date of request for authorization (September 14, 2015) and, as a result, there is no clinical discussion, indication or rationale for chiropractic treatment #8 sessions. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no contemporaneous clinical documentation on or about the date of request for authorization, chiropractic sessions #8 to C/S, L/S is not medically necessary.

Additional physical therapy times 8: Bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy times eight sessions to the bilateral knees are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical spine sprain strain with radicular complaints; lumbar spine sprain strain with radicular complaints; bilateral knee sprain strain status post left knee ACL repair; status post right Achilles tendon rupture repair. Date of injury is October 30, 2013. Request for authorization is September 14, 2015. The most recent progress note in the medical record is dated July 9, 2015. There is no contemporaneous clinical documentation on or about the request authorization (September 14, 2015). According to the progress note dated July 9, 2015, subjective complaints include and low back pain. Objectively, there is cervical and lumbar tenderness to palpation with decreased range of motion. The bilateral knees have medial joint line tenderness with decreased range of motion. According to a July 15, 2015 progress note, the injured worker was authorized a physical therapy sessions. The documentation does not indicate the anatomical region to be treated. As noted above, there is no contemporaneous clinical documentation and, as a result, there is no clinical discussion, indication or rationale for additional physical therapy. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement, no compelling clinical documentation indicating additional physical therapy over the recommended guidelines as clinically indicated and no contemporaneous clinical documentation with a clinical discussion, indication or rationale for additional physical therapy, additional physical therapy times eight sessions to the bilateral knees is not medically necessary.