

Case Number:	CM15-0195683		
Date Assigned:	10/09/2015	Date of Injury:	05/27/2015
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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, Minnesota
 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 48 year old female who sustained an industrial injury on 5-27-2015. A review of medical records indicates the injured worker is being treated for shoulder impingement right, internal derangement of the knee not otherwise specified right, and plantar fasciitis. Medical records dated 9-3-2015 noted knee pain and shoulder pain without any improvement. Physical examination noted tenderness to pressure over the right AC joint and trapezius muscles. There was restricted range of motion to the right and left. Impingement sign was positive on the right. There is tenderness over the right lateral elbow with normal range of motion. There was tenderness over the first dorsal compartment with normal range of motion. There was tenderness over the medial right knee. There was tenderness over the right heel with normal range of motion. Treatment has included physical therapy and Naproxen. Modified work restrictions were instilled. Utilization review form dated 9-15-2015 noncertified chiropractic care 3 x a week for 4 weeks for the right knee and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care 3 times a week for 4 weeks for the right knee and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the knee and shoulder is not recommended. The doctor requested Chiropractic care 3 times a week for 4 weeks for the right knee and right shoulder. The request for treatment is not recommended according to the above guidelines and therefore the treatment is not medically necessary and appropriate.