

Case Number:	CM15-0197055		
Date Assigned:	10/12/2015	Date of Injury:	10/05/2011
Decision Date:	11/25/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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 is a 54 year old female, who sustained an industrial injury on 10-5-11. The documentation on 9-17-15 noted that the injured worker has complaints of low back pain with the pain rated as 7 out of 10; left knee pain with pain rated 5 out of 10; right knee pain rated 8 out of 10 and bilateral wrist pain rated 5 to 7 out of 10. There was tenderness to lumbar spine, decrease range of motion and spasm. There was tenderness to bilateral knee and decreased range of motion on the right and end range of motion pain on the left. There was tenderness to bilateral wrist and end range of motion pain, +phalens test bilaterally with weakness to right thumb. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; bilateral knee meniscal tear; bilateral carpal tunnel syndrome and myospasm. Treatment to date has included psychiatric consultation; urinalysis; acupuncture; chiropractic therapy; topical compound creams; tramadol; cyclobenzaprine; omeprazole and tramadol. The original utilization review (9-25-15) non-certified the request for chiropractic three (3) times a week for four (4) Weeks for the bilateral knees. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Three (3) Times a Week for Four (4) Weeks for the Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Chiropractic.

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

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear how many chiropractic visits the claimant has already had. However, there is no documented functional improvement from prior chiropractic treatment. Furthermore, chiropractic is not recommended for the knee. Therefore, further chiropractic visits are not medically necessary.