

Case Number:	CM15-0198706		
Date Assigned:	10/14/2015	Date of Injury:	04/27/2014
Decision Date:	11/25/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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: Chiropractic

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 37 year old male who sustained an industrial injury April 27, 2014. Past treatment included 24 acupuncture treatments and 8 visits of chiropractic care physiotherapy and therapeutic exercise, which on June 24, 2015, was documented as satisfactory in slightly improving duration and level of pain by the treating physician. According to a primary treating physician's progress report dated September 9, 2015, the injured worker presented with complaints of left knee pain, moderate to severe, and gives out when walking, right shoulder pain intermittent, low back pain intermittent and radiating (unspecified), right knee pain intermittent with stiffness but improving and bilateral wrist pain slightly decreased but moderate with soreness. Objective findings included; bilateral knees left palpable peripatellar tenderness, positive mobility, valgus, varus, McMurray's; right knee-moderate palpable tenderness, slightly improved range of motion, positive mobility, valgus; right shoulder positive Apley's, Scratch, and Apprehension; left shoulder-positive Apley's, Apprehension, and Scratch; lumbar spine-slightly improved range of motion, positive Kemps, straight leg raise, Ely's, Milgram's; right wrist-moderate to severe palpable tenderness with decreased range of motion, positive Phalen's; left wrist-moderate to severe palpable tenderness decreased range of motion, positive Phalen's. Diagnoses are lumbar spine disc bulge, per MRI February 2015 (reports not present in the medical record); bilateral shoulder tendonitis, per MRI February, 2015; bilateral wrists and hands-cartilage tears, effusion per MRI February 2015, rule out carpal tunnel syndrome; bilateral knees left ACL (anterior cruciate ligament) tear per MRI February 2015, right strain. Treatment plan included waiting surgical re-evaluation for abnormal MRI's and because his response to treatment has been satisfactory with pain levels and durations improved further

therapy is recommended. At issue, is the request for authorization dated September 9, 2015 for continued chiropractic care, physiotherapy and therapeutic exercises, (2) visits. According to utilization review dated September 29, 2015, the request for continued chiropractic care, physiotherapy and therapeutic exercises for the lumbar spine; two (2) visits is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic care, physiotherapy and therapeutic exercises, 2 visits: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for his lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is reported to be 8. The treatment records submitted for review show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 2 additional chiropractic sessions requested to the lumbar is medically necessary and appropriate.