

Case Number:	CM15-0206697		
Date Assigned:	10/23/2015	Date of Injury:	04/20/2012
Decision Date:	12/04/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: Preventive Medicine, Occupational 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 72 year old female, who sustained an industrial injury on 4-20-2012. A review of the medical records indicates that the injured worker is undergoing treatment for shoulder impingement and internal derangement of the knee. On 9-30-2015, the injured worker reported right shoulder, left hip, right knee, and lower back pain. The Primary Treating Physician's report dated 9-30-2015, noted that due to the injured worker's right knee injury the injured worker had an abnormal gait aggravating her lower back and left hip symptoms. The injured worker's current medications were noted to include Omeprazole, Hydrocodone, and Ketoprofen. The physical examination was noted to show the lumbar spine with spasm and tenderness to palpation in the paraspinal muscles with restricted range of motion (ROM) and a positive left sitting straight leg raise. The left hip was noted to have tenderness over the greater trochanter. The bilateral shoulder examination was noted to show bilateral decreased forward flexion and abduction with bilateral positive impingement signs. A major joint deformity was noted on the right knee with effusion, restricted range of motion (ROM), and an extremely painful joint line. Prior treatments have included physical therapy and right arthroscopic surgery. The treatment plan was noted to include a request for a short course of chiropractic care to provide the injured worker with manipulation to straighten her spine and improve her balance and consultations for the right knee and right shoulder. The injured worker's work status was noted to be modified work with restrictions. The request for authorization was noted to have requested sport for orthopedic consultation for the right knee, orthopedic consultation for the right shoulder, and chiropractic treatments 2x3 for the bilateral knees, bilateral shoulders, left hip, and lumbar spine. The Utilization Review (UR) dated 10-8-2015, certified the requests for sport for orthopedic consultation for the right knee and orthopedic consultation for the right shoulder, and non-certified the request for chiropractic treatments 2x3 for the bilateral knees, bilateral shoulders, left hip, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 3, Bilateral Knees, Bilateral Shoulders, Left Hip and Lumbar Spine:
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: MTUS Guidelines do not provide support for chiropractic manipulation treatment for shoulder or hip complaints. In addition, the Guidelines specifically state that it is not recommended for knee problems and complaints. There are no unusual circumstances to justify an exception to the Guidelines. The Guidelines do not support the request for Chiropractic 2 x 3, Bilateral Knees, Bilateral Shoulders, Left Hip and Lumbar Spine, the request is not medically necessary.