

Case Number:	CM15-0022285		
Date Assigned:	02/11/2015	Date of Injury:	10/02/2014
Decision Date:	04/15/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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

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 52-year-old female, who sustained an industrial injury on 10/2/2014. She reports she bent over in a chair and flipped out of the chair. Diagnoses include cervical musculo-ligamentous strain of the neck, mid back and low back pain, right shoulder pain, left thumb pain and bilateral knee pain. Treatments to date include bracing, 6 visits of physical therapy and medication management. Progress notes from the treating provider dated 12/15/2014 and 12/17/2014 indicates the injured worker reported bilateral shoulder pain, bilateral knee pain and left wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy visits, bilateral knees 3 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (Knee & Leg Chapter).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in

functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended Page(s): 58-59.

Decision rationale: The claimant presented with chronic pain in the neck, back, right shoulder, left thumb, and bilateral knee pain. Previous treatments include bracing, medications, and physical therapy. Currently request is for 18 chiropractic treatments visits for bilateral knees. Evidences based MTUS guidelines do not recommend chiropractic treatments for the knee, therefore, the request for 18 chiropractic visits is not medically necessary and appropriate.