

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0023363 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 08/31/2013 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 02/07/2015 |

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 32 year old injured worker, who sustained an industrial injury reported on 8/31/2013. This injured worker reported no new or worsening complaints of pain. All prior documented physical therapy, subjective complaints of pain were noted to be hand written and illegible. Subjective complaints on medical records in 6/20/14 note: lower back and left knee/leg complaints; and a lower back complaint, due to the left knee injury and gait dysfunction, as per the 9/30/14 psychiatric report. The diagnoses were noted to have included lumbar spine disc rupture; right knee strain; left knee strain and mass; and other problems unrelated to this claim/evaluation. Treatments to date have included consultations; diagnostic imaging studies; electromyogram and nerve conduction studies of the bilateral lower extremities (5/20/14); injection therapy - left knee (11/1/13); 6 physical therapy treatments - left knee; home exercise program and requested gym membership (4/14/14); Acupuncture treatments; ice therapy; medication management; Chiropractic recommended on two occasions: May and September 2014. The work status classification for this injured worker (IW) was noted to be total disability, not working, and receiving disability benefits. On 1/7/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/31/2014, for Chiropractic treatments 2 x a week x 6 weeks (12 sessions), for the lumbar spine and bilateral knees. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines, manual therapy & manipulation, chiropractic - low back/ankle/foot/forearm/wrist/hand/and knee, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks for the lumbar spine and the bilateral knees:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Envir.

Decision rationale: The reviewed medical records reflect a treating diagnosis for this patient as lumbar spine disc rupture; right knee strain; left knee strain and mass; and other problems unrelated to this claim/evaluation. Treatments to date have included consultations; diagnostic imaging studies; electromyogram and nerve conduction studies of the bilateral lower extremities (5/20/14); injection therapy - left knee (11/1/13); 6 physical therapy treatments - left knee; home exercise program and requested gym membership (4/14/14); Acupuncture treatments; ice therapy; medication management; Chiropractic recommended on two occasions: May and September 2014. The records fails to address the number of requested/completed Chiropractic visits or whether the patient experienced objective functional improvement following care. The CA MTUS Chronic Treatment Guidelines referenced in the UR denial report of 1/7/15 referenced the criteria for additional Chiropractic care with clinical evidence of functional improvement. The requesting physician did not provide required evidence of functional improvement sufficient to support any further requested Chiropractic care lacking in the request by the primary physician on 12/14/14. The 1/7/15 UR determination to deny additional Chiropractic care was reasonable and appropriate with support for denial in the CAMTUS Chronic Treatment Guidelines.