

Case Number:	CM15-0027701		
Date Assigned:	02/20/2015	Date of Injury:	07/11/2008
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/13/2015

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, Minnesota
 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 61 year old female, who sustained an industrial injury on 7/11/2008. She reports a slip and fall, injuring the bilateral knees, neck and upper back and right ankle. Diagnoses include cervical spine anterolisthesis, thoracic strain, bilateral knee strain and right ankle strain. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 11/4/2014 indicates the injured worker reported left knee pain, right knee pain, right ankle pain and neck and upper back pain. On 1/20/2015, Utilization Review non-certified the request for 12 chiropractic treatments to the bilateral knees, cervical and thoracic spine, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatments to the bilateral knees, cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back(to include neck and upper back) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 12 chiropractic treatments to the bilateral knees, cervical and thoracic spine. The requested treatment for the cervical and thoracic spine does not follow the above guidelines and is therefore not medically necessary. According to the above guidelines manipulation to the knees is not recommended and is therefore not medically necessary.