

Case Number:	CM15-0218747		
Date Assigned:	11/10/2015	Date of Injury:	05/02/2014
Decision Date:	12/22/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/06/2015

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: 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:

This 44 year old male sustained an industrial injury on 5-2-14. Documentation indicated that the injured worker was receiving treatment for thoracic spinal cord injury, left shoulder pain, left knee pain and left lower extremity neuropathic pain. Previous treatment included rotator cuff repair (6-30-14), thoracic fusion, physical therapy, chiropractic therapy, aqua therapy, knee brace, padded shower chair, wheelchair, transcutaneous electrical nerve stimulator unit, interferential unit, right foot orthosis and medications. The number of previous chiropractic therapy sessions was unclear. The injured worker had a history of recurrent urinary tract infections and difficulty voiding requiring intravenous antibiotics and intermittent catheterization. The injured worker had limited ability to weight bear and needed a wheelchair for mobility. The injured worker had been residing at a rehabilitation facility due to "delay in home modifications". In a visit note dated 7-10-15, the injured worker complained of pain 8.5 out of 10 on the visual analog scale with medications and 10 out of 10 without medications. Physical exam was remarkable for thoracic spine with tenderness to palpation at T3 and at the thoracic joints, right knee with tenderness to palpation over the medial joint line and full range of motion with crepitus, left knee with swelling, "no" active range of motion and no sensation to touch or palpation and 0 to 3 out of 5 lower extremity strength. The treatment plan included starting chiropractic therapy. In a visit note dated 10-9-15, the injured worker complained of pain, rated 10 out of 10 on the visual analog scale without medications and 8 out of 10 with medications. The injured worker's activity level had remained the same. The injured worker was requesting to continue with chiropractic therapy care. Documentation of physical assessment

contained no objective findings for the thoracic spine or cervical spine. Exam of bilateral knees was unchanged. The physician was requesting 12 sessions of chiropractic therapy for the right knee, cervical and thoracic spine. On 10-23-15, Utilization Review non-certified a request for twelve additional sessions of chiropractic therapy for the right knee, cervical and thoracic spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of chiropractic therapy for right knee, cervical and thoracic 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: The patient has received chiropractic care for his cervical spine, right knee and 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 unknown and not specified in the records provided for review. The treatment records submitted for review show objective functional improvement with past chiropractic care rendered to the neck and lower back, per MTUS definitions. The records do not show objective functional improvement to the knee. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement to the lower back. The MTUS does not recommend manipulation for the knee. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The ODG Neck and Upper Back Chapter recommends additional sessions, up to 18 with 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 has been objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed for the neck and shoulder however, the number of additional sessions requested far exceed the MTUS and ODG recommendations. I find that the 12 additional chiropractic sessions requested to the cervical spine, left knee and lumbar spine are not medically necessary and appropriate.