MAXIMUS Federal Services

Case Number:	CM15-0218975		
Date Assigned:	11/12/2015	Date of Injury:	02/04/2015
Decision Date:	12/22/2015	UR Denial Date:	10/27/2015
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:

The injured worker is a 52 year old female who sustained an industrial injury on February 04, 2015. The worker is being treated for: closed tibia fracture, wrist, elbow, lumbosacral and forearm strain and sprain. Subjective: April 2015 she reported complaint of left knee still giving her pain, increased swelling with note of it feeling better as she increasingly uses it throughout the day. She also reported having more pain in the left pelvic area and lower buttocks. The pan shoots down left buttock onto thigh. Objective: April 2015 noted the left knee demonstrated two plus swelling to medial and lateral joint line along with the popliteal fossa. Her gait is note antalgic and tenderness noted over the left buttock, ischium and into the inferior gluteal area. The back revealed one to two plus paralumbar spasm. October 2015 noted the left knee had just slight swelling, minimal tenderness, and gait looks pretty normal. The back noted with left paralumbar spasm with tenderness in the left lumbosacral aponeurosis with slight swelling. Diagnostic: April 2015 MRI left knee. Medication: April 2015, May 2015, June 2015, July 2015, September 2015, October 2015: Ibuprofen, Flexeril and Tylenol with Codeine. Treatment: modified activity, DME crutches as needed with ambulation, knee immobilizer, orthopedic consultation, April 2015 POC continue with PT session (have therapist work on hip not knee); June 2015 POC noted PT session 12 (6 completed); HEP, medication, July 2015 POC noted consultation recommending injection therapy, August 14, 2015 noted administration of steroid injection with note of the pain is no longer continuously present with the intensity of pain decreased by 30 to 40%. On October 20, 2015 a request was made for 6 initial sessions of chiropractic care treating the low back, left hip and pelvis that was non-certified on October 27, 2015 by Utilization Review.

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 3 weeks of the Low Back, Left Hip and Pelvis: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hip/Manipulation.

Decision rationale: The patient has not received chiropractic care for her hip and lumbar spine injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Low Back Chapter recommend an initial trial of 6 sessions of chiropractic care over 2 weeks. I find that the 6 initial chiropractic sessions requested to the left hip, pelvis and lumbar spine to be medically necessary and appropriate.