

Case Number:	CM15-0039552		
Date Assigned:	03/10/2015	Date of Injury:	03/05/2012
Decision Date:	04/13/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 38-year-old female sustained an industrial injury on 3/5/12. The injured worker was diagnosed with lumbar spine sprain/strain and right knee sprain/strain. Prior treatment included chiropractic therapy, acupuncture, home exercise and medications. In a PR-2 dated 2/4/15, the injured worker complained of low back and bilateral knee pain with difficulty walking and getting up and down from a seated position. The physician noted that the injured worker had received temporary relief from prior acupuncture but had difficulty getting to therapy due to transportation issues. Physical exam was remarkable for ambulation with a limp favoring the right lower extremity, lumbar spine with tenderness to palpation and spasm, limited range of motion, positive right straight leg raise, positive bilateral sacroiliac joint stress test, positive right Kemp's test and positive Fabere's test, as well as bilateral knees with tenderness to palpation and limited range of motion. The treatment plan included chiropractic therapy and transportation to and from doctor's appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 58.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. In this case, the claimant had already received at least 12 sessions of chiropractor care. The results from these visits were not provided. The additional 8 sessions would exceed the total amount recommended by the guidelines. As a result, additional chiropractor therapy is not necessary.

Transportation to/from doctor's appointments and therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee & Leg Chapter, Transportation Section, as well as the Department of Health Care Services - California, Criteria for Medical Transportation (R-15-98E), Criteria Manual Chapter 12.1 (www.dhcs.ca.gov/service/medical/Documents/ManCriteria_32_MedTrans.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and knee chapter- pg 66.

Decision rationale: Transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, the claimant was not in a SNF or setting with other disabled patients that would require similar transportation needs. As a result, the request is not medically necessary.