

Case Number:	CM15-0040332		
Date Assigned:	03/10/2015	Date of Injury:	09/09/2014
Decision Date:	04/21/2015	UR Denial Date:	02/11/2015
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: 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 48-year-old male, who sustained an industrial injury on September 9, 2014. He reported injury to his back, neck, head and right lower extremity. The injured worker was diagnosed as having lumbosacral strain, cervicalgia and cervical strain. Treatment to date has included medication, diagnostic studies, Chiropractic treatment and physical therapy. On January 23, 2015, the injured worker complained of neck pain that was aggravated by cold weather and repetitive movement. He complained of frequent low back pain radiating to the right hip with weakness associated with cold weather, repetitive movement and prolonged standing. The pain was rated as a 3 on a 1-10 pain scale. He has achy, tightness in the right hip with pain associated with cold weather and repetitive movement. There was sharp, pulling right knee pain aggravated by cold weather and prolonged sitting. The knee pain was rated as a 3/10 on the pain scale. He also complained of dull right ankle pain associated with repetitive movement and prolonged climbing stairs. He gets relief from his pain with medication and rest. Physical examination of the lumbar spine revealed pain with Kemp's. Straight Leg Raise was negative. Examination of the right knee revealed pain with McMurray's and with Anterior Drawer test. The treatment plan included Chiro-therapy for the right knee and lumbar spine and Acupuncture for the right knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy two times a week for six weeks fir the right knee and lumbar spine,
QTY: 12: 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 : 2009; 9294.2; manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 2/11/15 denied the request for additional Chiropractic therapy, 2x6 to the patient right knee and lumbar spine referencing reviewed medical records that did not reflect the number of completed visits or evidence of functional improvement with applied care. Although there was a request for additional clinical information to support the request and attempts to obtain additional information through peer contact, the medical necessity for additional care was not received. After a review of the medical records, the medical necessity for the requested care of 2x6 Chiropractic care to the knee/lumbar spine was not supported by evidence of prior applied care that lead to objective evidence of functional improvement. The prerequisite for additional care per CA MTUS Chronic Treatment Guidelines requires of the provider objective clinical evidence of functional improvement prior to consideration of additional care that was not provided. The denial of 2x6 Chiropractic care was reasonable and supported by referenced guidelines and a lack of clinical evidence of functional gains with prior applied care. Therefore, the request is not medically necessary.