

Case Number:	CM15-0045294		
Date Assigned:	03/17/2015	Date of Injury:	05/16/2013
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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 55 year old female, who sustained an industrial injury on 05/16/2013. A secondary treating office visit dated 02/12/2015, reported subjective complaint of intermittent moderate throbbing low back pain rated a 4 out of 10 in intensity and accompanied by heaviness and tingling. She presents today with complaint of constant moderate throbbing right knee pain rated a 5 out of 10 in intensity and associated with tingling. Objective findings showed the lumbar range of motion is decreased and painful. There is three plus tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebrals. Kemp's causes pain bilaterally. Sitting straight leg raise causes bilateral pain. The right knee ranges of motion are noted decreased and painful. There is three plus tenderness to palpation of the anterior knee and medial border of patella. McMurray's causes pain and so does Valgus. The following diagnoses are applied: lumbar strain/sprain, lumbar muscle spasm, lumbar disc protrusion, lumbar anterolisthesis, right knee strain/sprain, right knee meniscus tear, rule out lumbar radiculitis versus radiculopathy and status post right knee surgery. The patient noted using the following medications: Naproxen, Ultracet, Topical cream. The plan of care involved continuing with home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, 2 to 3 times weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

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 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 Chiropractic therapy, 2-3 times per week for 6 weeks. The request is not according to the guidelines above and therefore the treatment is not medically necessary. (There is no recommended manipulation for the knee, however, there is post surgical physical medicine rehab. found on page 24 &25 of section 9792.20.)