

Case Number:	CM15-0050708		
Date Assigned:	03/24/2015	Date of Injury:	07/08/2007
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67-year-old male, who sustained an industrial injury on July 8, 2007. The injured worker had reported a bilateral knee and bilateral wrist and hand pain. The diagnoses have included bilateral knee chondromalacia, left knee medial meniscus tear and bilateral carpal tunnel syndrome. Treatment to date has included medications, topical analgesics, knee braces, electrodiagnostic studies, chiropractic care and bilateral cortisone injections to the knees. Current documentation dated February 4, 2015 notes that the injured worker reported bilateral knee and bilateral wrist and hand pain. Physical examination of the bilateral knees revealed weakness and constant pain in the front of the knees. He feels like the knees will lock or give out. The injured worker wears knee braces and uses a cane for ambulation. Examination of the right wrist and hand revealed pain, weakness and numbness and tingling through the wrist and hand. Range of motion was limited. Examination of the left wrist revealed pain, weakness, numbness and tingling down the wrist to the fingertips. The injured worker was noted to be wearing bilateral wrist braces. Examination of the right wrist revealed tenderness to palpation and a positive Tinel's sign. Examination of the left wrist revealed no tenderness to palpation and a positive Tinel's sign. Examination of the bilateral knees revealed tenderness and a positive patellar grind. The treating physician's plan of care included a request for additional chiropractic treatments to the lumbar spine and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x4 weeks for the lumbar spine: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in July 2007 and continues to be treated for chronic knee pain. Treatments have included chiropractic care. Left knee surgery is pending. When seen, there was positive patellar grinding and decreased strength and the claimant was ambulating with a cane. Tramadol and Mentherm gel were prescribed. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.

Labs: Urine drug screen, Creatinine, pH and spectrophotometry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77-78.

Decision rationale: The claimant sustained a work-related injury in July 2007 and continues to be treated for chronic knee pain. Treatments have included chiropractic care. Left knee surgery is pending. When seen, there was positive patellar grinding and decreased strength and the claimant was ambulating with a cane. Tramadol and Mentherm gel were prescribed. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. In this case, there is no assessment of risk or reference to prior testing. Therefore, this request for urine drug screening and related lab testing was not medically necessary.