

Case Number:	CM15-0050806		
Date Assigned:	03/24/2015	Date of Injury:	04/10/2014
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
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: 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 43 year old male with an industrial injury dated April 10, 2014. The injured worker diagnoses include cervical disc syndrome, degeneration of lumbar intervertebral disc with myelopathy, lower extremity neuritis, right knee internal derangement, right ankle internal derangement, headaches, other insomnia, depression and post-traumatic stress disorder. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 02/10/2015, the treating physician noted decrease cervical spine and lumbar spine range of motion and positive bilateral straight leg raises. Right knee and ankle exam revealed decrease range of motion. The treating physician prescribed services for chirotherapy (right knee/right ankle only) now under review. The request if for an initial trial of 12 sessions of chiropractic care to the right ankle and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirotherapy (right knee/right ankle only): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Foot & Ankle and Knee Chapters, Manipulation Sections.

Decision rationale: The patient has suffered an injury to her right knee, right ankle, cervical spine and lumbar spine. The patient has received chiropractic care for his neck and low back injury. He has not received any chiropractic care to his ankle and knee. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Ankle and Foot Chapters states that manipulation is "not recommended". I find that the 12 chiropractic sessions requested to the right ankle and knee to not be medically necessary and appropriate.