

<b>Case Number:</b>	CM15-0059054		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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, Florida  
 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:

The injured worker is a 30-year-old female who reported an injury on 05/15/2012. The diagnoses included shoulder and upper arm strain, rotator cuff injury, lateral epicondylitis, lumbar sprain, chondromalacia patella, medial meniscus tear, and ankle/foot sprain. The documentation indicated the injured worker had previously had a noncertification for the weight loss program on 07/08/2013. Additionally, the injured worker was non-certified for chiropractic treatment on the same date. The mechanism of injury was not provided. The documentation of 02/16/2015, revealed the injured worker had a flare-up of right knee pain and lumbar spine pain. The injured worker indicated the right knee buckled and gave way, and the injured worker was experiencing popping, locking, and mistrust of the knee. The pain was moderate to severe. The physical examination of the lumbar spine revealed tenderness to palpation at the bilateral paravertebral muscles at the lumbar spine junction. The injured worker had increased low back pain and increased pain all planes. The injured worker had decreased range of motion of the lumbar spine. The examination of the right knee revealed tenderness to palpation at the medial and lateral joint lines, PE region and medial plica band. The injured worker had a positive McMurray's and a positive patellar grind test. The injured worker had flexion of 115 degrees and, 0 degrees of extension. The injured worker had increased pain in flexion. The treatment plan included a right knee to x-ray for spurring at medial proximal femur, for a PFA, lateral joint space 7 mm, medial joint space 2 mm. The request was made for chiropractic care for the lumbar spine and right knee, 2 times 4, due to flare-ups.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic: Eight (8) visits (2x4) lumbar spine, right knee:** 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 Page(s): 58,59.

**Decision rationale:** The California MTUS Guidelines indicate that manual therapy is recommended for chronic pain if it is caused by musculoskeletal conditions. Treatment for flare-ups require a need for re-evaluation and prior treatment success. The clinical documentation submitted for review indicated the injured worker was having a flare-up. However, there was a lack of documentation of the quantity of sessions previously attended. There was a lack of documentation of objective functional improvement with the use of chiropractic care. Additionally, manual therapy is not recommended for the knee. Given the above, and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for Chiropractic: Eight (8) visits (2x4) lumbar spine, right knee, is not medically necessary.

**Right knee diagnostic ultrasound:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Ultrasound, Diagnostic.

**Decision rationale:** The Official Disability Guidelines indicate that diagnostic ultrasound is recommended for anterior cruciate ligament injuries in the presence of hemiarthrosis or for follow-up. The clinical documentation submitted for review failed to provide a rationale for the requested service. There was a lack of documentation indicating the injured worker had an acute anterior cruciate ligament injury. Given the above, and the lack of documented rationale, the request for right knee diagnostic ultrasound is not medically necessary.

**Right knee x-rays; two views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** The ACOEM Guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. They further indicate that radiography is appropriate to define the knee pathology of patellofemoral syndrome. The clinical documentation submitted for review indicated the request was made for spurring at the medial proximal femur. There was, however, there was a lack of documentation indicating the conservative care specifically directed at the knee since the injury. Given the above, and the lack of documentation, the request for right knee x-rays, 2 views, is not medically necessary.

████████ **weight loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications.

**Decision rationale:** The Official Disability Guidelines indicate that lifestyle modifications, including diet and exercise, are appropriate for reduction of obesity. The clinical documentation submitted for review failed to provide a rationale for the ██████████ program. Additionally, it was previously denied and the specifics of the denial were not provided. The documentation submitted for review failed to indicate the injured worker's BMI or current height and weight. There was a lack of documentation indicating the injured worker had a failure of lifestyle modification and the specific modifications that were performed. The request as submitted failed to indicate the duration for the weight loss program. Given the above, the request for ██████████ weight loss program is not medically necessary.