

Case Number:	CM15-0059915		
Date Assigned:	04/06/2015	Date of Injury:	05/16/2008
Decision Date:	05/07/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/30/2015

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 62-year-old female, who sustained an industrial injury on 5/16/2008. She reported an automobile accident that occurred when a car crossed the centerline and hit head on. She subsequently was diagnosed with a left and right clavicular fracture, bilateral foot and ankle fractures with dislocation of left ankle, orbital fracture on the left side, lumbar fracture, bilateral bruising of the knees with pain, abdominal hematoma, and cervical strain with a whiplash injury. She is status post left orbital and bilateral foot surgery with a documented six-month bed rest. She underwent addition foot surgery with fusion of both ankles in 2011 and in September 2014 was found to have a stress fracture in lower extremities. Diagnoses include cervical and lumbar spasm with degenerative disc disease, retrolisthesis of cervical spine, myofascial pain, right shoulder tendinitis, history of transverse process fracture of lumber 2-3, and bilateral knee degenerative joint disease. Treatments to date include surgical intervention, medication therapy, physical therapy, chiropractic therapy for the low back, and home exercise. Currently, she complained of severe back pain not relieved with medication. On 3/13/15, the physical examination documented that the examination was limited due to pain. The lumbar and thoracic spines were significant for tenderness and muscle spasms. The plan of care included an initial trial run of 8 sessions of chiropractic therapy to the left knee and pending authorization for an epidural facet injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Therapy visits to the Left Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Knee Chapter, Manipulation Section.

Decision rationale: The patient has been injured in a serious auto accident. The body regions injured include the face, head, neck, low back, knees and ankles. The patient has received prior chiropractic care for her lumbar spine but has not received any chiropractic care for her left knee per the records reviewed. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Knee Chapter do not recommend manipulative care for the knee. The records provided by the primary treating physician and chiropractor do not show objective functional improvements with ongoing chiropractic treatments rendered to the lower back. In this case, the request is for the left knee and The MTUS does not recommend chiropractic care for the knee. I find that the 8 chiropractic sessions requested to the left knee to not be medically necessary and appropriate.