MAXIMUS Federal Services

Case Number:	CM15-0059961		
Date Assigned:	04/06/2015	Date of Injury:	05/16/2008
Decision Date:	05/05/2015	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: Chiropractor, Oriental Medicine

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 5/16/08. The injured worker reported symptoms in the back and bilateral lower extremities. The injured worker was diagnosed as having cervical and lumbar spasms with degenerative changes from industrial injury, transverse process fracture of L2-L3, multiple myofascial pain, and bilateral foot fracture status post bilateral ankle fusions, and bilateral knee contusions. Treatments to date have included chiropractic treatments, oral pain medication, status post arthroscopic medial meniscectomy (2003), muscle relaxant, massage, nonsteroidal anti-inflammatory drugs and cortisone injections. Currently, the injured worker complains of lower back pain and bilateral knee pain. The plan of care was for chiropractic treatments and a follow up appointment at a later date.

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 right 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 : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 3/25/15 denied additional Chiropractic care to the patients right knee citing CAMTUS Chronic Treatment Guidelines. Although the patient did report considerable benefit from prior Chiropractic care, the request for additional care failed to document objective documentation of functional improvement following prior Chiropractic treatment. The reviewed records failed to establish the medical necessity for additional Chiropractic care, 8 sessions sufficient to satisfy the CAMTUS Chronic Treatment Guidelines. Therefore, the requested medical treatment is not medically necessary.