

<b>Case Number:</b>	CM15-0080750		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	03/30/2012
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 63 year old woman sustained an industrial injury on 3/30/2012. The mechanism of injury is not detailed. Evaluations include undated bilateral knee MRIs. Diagnoses include bilateral knee medial and lateral tear and cervical and lumbar spine disc protrusions. Treatment has included oral medications. Physician notes on a PR-2 dated 2/5/2012<sup>4</sup> show complaints of right knee pain rated 8/10, left knee pain rated 5/10, right ankle pain rated 8/10, and left ankle pain rated 6/10. Recommendations include acupuncture, chiropractic treatment, topical medication, urine drug screen, pain management consultation, orthopedic consultation, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXT chirotherapy 3 x 4:** 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 Chiropractic Therapy, Physical Medicine Page(s): 58-60 and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Chiropractic therapy, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, EXT chirotherapy (chiropractic plus physical therapy) three times per week times four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". Manual manipulation and therapy is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal of effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are cervical spine HNP; lumbar spine HNP. The latter two diagnoses are illegible. The documentation in the medical record indicates the injured worker received both chiropractic treatment and physical therapy as far back as May 12, 2014. Chiropractic is administered three times per week times four weeks. Physical therapy was prescribed a three times per week times four weeks. A progress note from August 2014 documents continuing physical therapy with a home exercise program. A progress note dated October 14, 2014 shows slight improvement with chiropractic. There are no physical therapy progress notes on that date. According to a February 4, 2015 progress note the subjective and objective sections are illegible. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. The injured worker underwent significant chiropractic treatment. The guidelines recommend a six visit clinical trial with additional chiropractic treatment based on objective functional improvement. In October 14, 2014 progress note states that a slight improvement with chiropractic treatment. There is no evidence of objective functional improvement with both chiropractic and physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement (of ongoing physical therapy and chiropractic therapy) and compelling clinical documentation indicating additional treatments are clinically indicated, EXT chirotherapy (chiropractic plus physical therapy) three times per week times four weeks is not medically necessary.