

Case Number:	CM15-0081879		
Date Assigned:	05/01/2015	Date of Injury:	08/06/2012
Decision Date:	06/04/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	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

Certification(s)/Specialty: Chiropractor

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 was a 64 year old female, who sustained an industrial injury, August 6, 2011 through August 6, 2012. The injured worker previously received the following treatments Norco, 12 sessions post-operative physical therapy for the left knee, chiropractic services and walker. The injured worker was diagnosed with left knee strain/sprain; status post left knee arthroscopic surgery, lumbar strain/sprain, bilateral facet osteoarthritis, right knee patellofemoral arthralgia, bilateral shoulder strain/sprain, impingement of the right shoulder and right rotator cuff tendinitis/bursitis. According to progress note of March 4, 2015, the injured workers chief complaint was bilateral shoulder and left knee pain. The physical examination noted bilateral shoulder tenderness to palpation over the periscapular musculature. There was tenderness with palpation over the right anterior capsule/subacromial region. The impingement test was positive on the right shoulder. There was crepitus noted bilaterally. Examination of the lumbar spine noted tenderness with palpation with muscle guarding over the paravertebral musculature at the lumbosacral junction and left gluteal joint line. Straight leg rising testing elicits increased pain in the back radiating into the buttocks. The left knee noted a well healed portal scars. There was tenderness to palpation over the peripatellar and medial joint line, laxity was present. There was grade 3 weakness out of 5 noted at the ankle with eversion and extension. The treatment plan included additional chiropractic services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; two times per week for four weeks (2x4): 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 and manipulation Page(s): 58-59.

Decision rationale: The claimant presented with chronic pain in the shoulders, low back, and left knee. Previous treatments include medications, left knee surgery, post-operative physical therapy, and chiropractic. While evidences based MTUS guidelines do not recommend chiropractic treatment for the knee, the claimant has had chiropractic treatment for the left knee. Although the total number of chiropractic visits completed is unknown, the request for additional 8 chiropractic visits is not medically necessary.