MAXIMUS Federal Services

Case Number:	CM14-0107321		
Date Assigned:	08/01/2014	Date of Injury:	07/12/2007
Decision Date:	12/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year old male with an injury date of 07/12/07. The 04/08/14 progress report by [redacted] states that the patient presents with chronic sharp right knee pain, clicking and popping of the left knee and lower back discomfort. Examination shows tenderness medially of the right knee with a slightly positive McMurray's maneuver, medially right knee. The patient's diagnoses include:1. Musculoligamentous sprain of the lumbar spine with lower extremity radiculitis2. Disc bulges L4-53. Internal derangement bilateral knees4. Tear medial and lateral meniscus bilateral knees5. Medications are listed as Ibuprofen and Tramadol. The utilization review being challenged is dated 06/17/14. One report was provided dated 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 1 - 2 times per month times 4 months for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation guidelines Page(s): 58-59.

Decision rationale: The patient presents with bilateral knee pain and lower back discomfort. The treater requests for Chiropractic Therapy 1-2 Times per month times 4 months for low back. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back it is recommended as an option. For Therapeutic care - A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed. In the sole report provided dated 04/18/14, the treater states the patient is not attending any therapy and that the patient states he only attends when he has a significant increase in symptoms. The report states the objective of the request is to decrease pain, and increase range of motion and strength. The report also states the patient continues his exercise program, uses medications, an electrical stimulator unit, an IF unit and an inversion table. In this case, there is no indication of prior chiropractic treatment for the patient. If this request is for a trial, the indeterminate request of 4-8 times over 4 months exceeds what is allowed per MTUS. If the request is for additional treatment following a trial, no evidence of functional improvement is provided as required by MTUS. The request is not medically necessary.