

Case Number:	CM14-0115111		
Date Assigned:	09/16/2014	Date of Injury:	11/13/2012
Decision Date:	12/16/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in Utah. 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 60 year-old female. The patient's date of injury is 11/13/2012. The mechanism of injury is described as getting her foot stuck on a sticky floor which resulted in a fall. The patient has been diagnosed with left knee pain, hypertension, weight gain, sleep disturbance, SAD, meniscus tear, degenerative disc disease, hip osteoarthritis, and carpal tunnel syndrome. The patient's treatments have included surgical intervention, physical therapy, acupuncture, EMG's, psychological group therapy, imaging studies, and medications. The physical exam findings dated November 27, 2013 states the patient has pain in the left knee upon percussion. She is wearing a left knee support. The skin is reported as no dermatological disorder. The patient's medications have included, but are not limited to, Ibuprofen, Tramadol, Lorazepam, Zolpidem, and Bupropion. The request is for chiropractic treatments, a solar care fir heating system, and LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 3X2 WEEKS TO LUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-315.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Chiro times six LS. MTUS guidelines state the following: six sessions of chiropractic intervention are recommended. According to the clinical documentation provided and current MTUS guidelines; Chiro times six LS is indicated as a medical necessity to the patient at this time.

SOLAR CARE FIR HEATING SYSTEM- PURCHASE FOR THE LUMBAR SPINE AND BOTH WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for solar care fir heating system- purchase for the lumbar spine and both wrists. MTUS guidelines state the following: Not recommended. According to the clinical documentation provided and current MTUS guidelines; solar care fir heating system- purchase for the lumbar spine and both wrists: is not indicated as a medical necessity to the patient at this time.

LSO BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): PAGE 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for lumbar support. MTUS guidelines state the following: physical support for lumbar is not recommended. The request as written above is not indicated as a medical necessity to the patient at this time.