

Case Number:	CM14-0118279		
Date Assigned:	09/23/2014	Date of Injury:	12/02/1999
Decision Date:	10/28/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 and Rehabilitation 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:

This 85 year-old patient sustained an injury on 12/2/1999 while employed by [REDACTED]. Request(s) under consideration include MRI of the left knee and 6 Sessions of Chiropractic manipulation between 7/10/14 and 9/14/14. Report of 7/11/14 from the provider noted the patient with ongoing chronic left knee, right shoulder, lower back pain; had 80% relief with right shoulder injection on 5/8/14 lasting 2 months; left knee injection on 4/29/14 lasted 3 months. The patient stated he had previous right shoulder and left knee surgery years ago and request to be re-evaluated by orthopedist. Current pain is rated at 8/10. The patient requests for chiropractic therapy for his lower back as prior provided relief, allowing for ADLs with twice/year manipulation he has received over the last 12 years. Exam showed neck with normal range; ambulates slowly with steady gait without use of assistive device; low back with limited range due to pain; decreased left knee range with swelling, tenderness, and crepitus; right shoulder with decreased range, tenderness and crepitus. Diagnoses include shoulder joint pain; lumbago/ lumbar DDD and sciatica. Treatment requests of x-rays and MRI of right shoulder with shoulder injection, left knee injection, ortho evaluation, and left knee x-rays were certified on 7/18/14. The request(s) for MRI of the left knee and 6 Sessions of Chiropractic manipulation between 7/10/14 and 9/14/14 were non-certified on 7/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee between 7/10/14 and 9/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: This 85 year-old patient sustained an injury on 12/2/1999 while employed by [REDACTED]. Request(s) under consideration include MRI of the left knee and 6 Sessions of Chiropractic manipulation between 7/10/14 and 9/14/14. Report of 7/11/14 from the provider noted the patient with ongoing chronic left knee, right shoulder, lower back pain; had 80% relief with right shoulder injection on 5/8/14 lasting 2 months; left knee injection on 4/29/14 lasted 3 months. The patient stated he had previous right shoulder and left knee surgery years ago and request to be re-evaluated by orthopedist. Current pain is rated at 8/10. The patient requests for chiropractic therapy for his lower back as prior provided relief, allowing for ADLs with twice/year manipulation he has received over the last 12 years. Exam showed neck with normal range; ambulates slowly with steady gait without use of assistive device; low back with limited range due to pain; decreased left knee range with swelling, tenderness, and crepitus; right shoulder with decreased range, tenderness and crepitus. Diagnoses include shoulder joint pain; lumbago/ lumbar DDD and sciatica. Treatment requests of x-rays and MRI of right shoulder with shoulder injection, left knee injection, ortho evaluation, and left knee x-rays were certified on 7/18/14. The request(s) for MRI of the left knee and 6 Sessions of Chiropractic manipulation between 7/10/14 and 9/14/14 were non-certified on 7/18/14. There is no x-ray of the left knee for review. Guidelines states that most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable clinical findings, acute flare-up, new injuries or progressive change to support for the imaging study. The MRI of the left knee between 7/10/14 and 9/14/14 is not medically necessary and appropriate.

6 Sessions of Chiropractic manipulation between 7/10/14 and 9/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: This 85 year-old patient sustained an injury on 12/2/1999 while employed by [REDACTED]. Request(s) under consideration include MRI of the left knee and 6 Sessions of Chiropractic manipulation between 7/10/14 and 9/14/14. Report of 7/11/14 from the provider noted the patient with ongoing chronic left knee, right shoulder, lower back pain; had 80% relief with right shoulder injection on 5/8/14 lasting 2 months; left knee injection on 4/29/14 lasted 3 months. The patient stated he had previous right shoulder and left

knee surgery years ago and request to be re-evaluated by orthopedist. Current pain is rated at 8/10. The patient requests for chiropractic therapy for his lower back as prior provided relief, allowing for ADLs with twice/year manipulation he has received over the last 12 years. Exam showed neck with normal range; ambulates slowly with steady gait without use of assistive device; low back with limited range due to pain; decreased left knee range with swelling, tenderness, and crepitus; right shoulder with decreased range, tenderness and crepitus. Diagnoses include shoulder joint pain; lumbago/ lumbar DDD and sciatica. Treatment requests of x-rays and MRI of right shoulder with shoulder injection, left knee injection, ortho evaluation, and left knee x-rays were certified on 7/18/14. The request(s) for MRI of the left knee and 6 Sessions of Chiropractic manipulation between 7/10/14 and 9/14/14 were non-certified on 7/18/14. The MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. Per medicals reviewed, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The 6 Sessions of Chiropractic manipulation between 7/10/14 and 9/14/14 is not medically necessary and appropriate.