

Case Number:	CM14-0142024		
Date Assigned:	09/10/2014	Date of Injury:	04/13/2011
Decision Date:	10/10/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 74-year-old male who reported an injury on 04/14/2011. The mechanism of injury was not provided. On 07/18/2014, the injured worker presented with low back pain. He also has intermittent bilateral knee pain. Upon examination of the lumbar spine there was tenderness to palpation to the lumbar paravertebral muscles and spasm. There was a positive bilateral Kemp's and a positive bilateral straight leg raise. There was swelling present at the right knee that decreased, painful range of motion. There was tenderness to palpation of the anterior knee, lateral knee, medial knee, and posterior knee with a positive McMurray's. Examination of the left knee noted decreased, painful range of motion with tenderness to palpation of the anterior knee, lateral knee, medial knee, and posterior knee with a positive McMurray's. The diagnoses were lumbar degenerative disc disease, right knee chondromalacia, right knee internal derangement, right knee meniscal tear, right knee pain, right knee sprain/strain, left knee chondromalacia, left knee internal derangement, left knee meniscal tear, left knee pain, left knee sprain/strain and hypertension. The provider recommended 8 chiropractic therapy sessions for the lumbar spine and bilateral knees. The provider's rationale was not provided. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 CHIROPRACTIC THERAPY SESSIONS FOR THE LUMBAR SPINE AND BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for 8 CHIROPRACTIC THERAPY SESSIONS FOR THE LUMBAR SPINE AND BILATERAL KNEES is not medically necessary. According to California MTUS Guidelines chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The provider's request for 8 chiropractic therapy sessions exceed the guideline recommendations. There is lack of documentation indicating if the injured worker had prior courses of chiropractic care and the efficacy of those prior treatments. As such, medical necessity has not been established.