

Case Number:	CM14-0147626		
Date Assigned:	09/15/2014	Date of Injury:	02/06/2012
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/11/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 02/06/2012 due to an unknown mechanism. The diagnoses were cumulative trauma disorder, cervical spine; cumulative trauma disorder, lumbar spine; multilevel lumbar disc bulges with bilateral neural foraminal narrowing; lumbar spine spondylosis with degenerative disc disease; cumulative trauma disorder, bilateral shoulders and arms; cumulative trauma disorder, bilateral wrists and hands; degenerative joint disease, bilateral hands; degenerative joint disease, bilateral hips; fracture, right femur, status post ORIF with IM rod, nonindustrial; contusion/sprain, left knee; medial meniscal tear, left knee; tricompartmental chondromalacia, left knee; status post medial meniscus tear repair surgery; pain, right knee, compensable consequence; degenerative joint disease, bilateral knees; calcaneal spur, bilateral ankles; anxiety/depression; insomnia; helicobacter pylori infection. A physical examination on 06/17/2014 revealed that the injured worker underwent left knee medial meniscus repair surgery on 01/11/2014. The injured worker was walking with a cane. There were complaints of low back pain and bilateral knee pain. Examination of the cervical spine revealed tenderness to palpation over the paracervical, trapezius, and suboccipital muscles bilaterally. There was tenderness to palpation of the thoracic spine of the paradorsal muscles. There was tenderness and spasm over the paralumbar muscles at all levels. The treatment plan was to continue medications as directed and request chiropractic therapy 2x6. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy, 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG): Knee and Other Section: Manipulation

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

Decision rationale: The decision for chiropractic therapy, 2x6 is not medically necessary. The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement and function. The maximum duration is 8 weeks and at 8 weeks the patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. The request does not indicate what part of the body is to get chiropractic therapy. There was no functional improvement reported from prior chiropractic therapy. Therefore, this request is not medically necessary.