

Case Number:	CM14-0164071		
Date Assigned:	10/08/2014	Date of Injury:	09/25/2009
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/06/2014

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 Licensed in Chiropractic and Acupuncture 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 37-year-old male who reported low back pain, shoulder, arm, wrist and left knee pain from injury sustained on 09/25/09 due to cumulative trauma while working as a laborer. There were no diagnostic imaging reports. Patient is diagnosed with status post left knee anterior cruciate ligament reconstruction, left shoulder pain and dysfunction, left shoulder impingement and lumbar spine strain. Patient has been treated with knee surgery, medication and physical therapy. Per medical notes dated 07/30/14, patient complains of occasional moderate 6/10 sharp low back pain. He complains of occasional moderate 4/10 achy left shoulder pain and numbness. Patient also complains of severe 8/10 achy left knee and stiffness. Per medical notes dated 08/20/14, patient complains of moderate, intermittent low back pain rated at 5-6/10 radiating to his left leg and right buttock with pain and weakness. He also complains of left shoulder pain rated at 6/10 and left knee pain rated at 8/10. Examination revealed lumbar spine paravertebral muscle and bilateral SI joint tenderness with decreased range of motion. Provider requested additional 18 Chiropractic treatments for the lumbar spine. Patient was authorized 6 Chiropractic treatments on 08/06/14. There is no assessment in the provided medical records of functional efficacy with prior Chiropractic visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation 1-2 regions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation section on page 58-59: Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measurable gain in functional improvement that facilitates progression in the patient's therapeutic exercise program and return to productive activities. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care - not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines: A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function. This patient had been authorized 6 Chiropractic treatments on 08/06/14; however, clinical notes fail to document any functional improvement with Chiropractic care. Per medical notes dated 08/20/14, patient complain of moderate, intermittent low back pain rated at 5-6/10 radiating to his left leg and right buttock with pain and weakness. Provider requested additional 18 chiropractic treatments for lumbar spine. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, 18 additional Chiropractic visits (Chiropractic manipulation 1-2 regions) are not medically necessary.