

Case Number:	CM14-0098273		
Date Assigned:	09/16/2014	Date of Injury:	06/07/2013
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 with a 6/8/13 left knee injury, now status post meniscectomy on 10/24/13. She is currently treating with medications and chiropractic care. The most recent records of 5/27/14 report continued painful knee on left, low back and neck pain, 2/10. She reports taking Tramadol at night to help her stay asleep. Exam reports normal lumbar spine range of motion, tenderness in the lumbar paraspinals and sacral iliac, tenderness in the patellofemoral joint with crepitus on flexion and extension, positive patellar tap test on medial joint line. Her diagnoses are internal derangement; status post left knee meniscectomy and chondromalacia, chronic low back strain. The request is for Tramadol and chiropractic times 6. A previous review approved 6 additional chiropractic treatments on 6/13/14 with 4 having been completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment Eight Times: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for eight additional chiropractic treatments does not meet criteria of the MTUS Guidelines. There are no current records indicating the outcome of the previously approved chiropractic treatment with documentation of functional improvement as required for additional services per Chronic Pain Medical Treatment Guidelines. There is no indication that this is combined or utilized to facilitate an active exercise program. Therefore the requested 8 chiropractic therapy visits is not medically necessary.

Tramadol 60 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Tramadol (Ultram) Page(s): 93-94; 123.

Decision rationale: Based on the medical records provides do not clearly reflect that Tramadol provides continued analgesia and continued functional benefit. The medication is not being utilized to improve function but being utilized as a sleep aid. The duration of opiate use is not clear. There is no indication that non-opiate means of pain control has been attempted. There is no clear, concise documentation for ongoing management of opiate usage, or documentation of side effects, or that the medication is taken as directed.