

Case Number:	CM13-0037502		
Date Assigned:	12/13/2013	Date of Injury:	03/19/2013
Decision Date:	01/05/2015	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 patient is a 65 year old female who sustained an injury to her right knee on 3/19/2013 after tripping and falling onto the right knee. The PTP's progress report states that the subjective complaint is right knee pain and neck pain secondary to knee pain and associated with gait changes caused by the right knee pain. The patient has been treated with medications, physical therapy and surgery. An MRI study of the cervical spine has revealed 2-3 mm broad based disc bulges at C3-4, C4-5 and C6-7. Diagnoses assigned by the PTP is closed fracture of patella status post-surgery. The PTP is requesting 12 sessions of chiropractic care to the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Manipulation Section.

Decision rationale: This patient suffers from a chronic injury to her right knee status post-surgery. The treatment request is being made for her neck. This is evident from the IMR

application and the use of 847.0 code (cervical sprain/strain). The neck has been affected per PTP's PR-2 report, secondary to right knee pain and the gait disturbance caused by the knee pain. The MTUS ODG Neck chapter, Manipulation section recommends a "trial of 6 visits over 2-3 weeks, With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care." This is a trail run of care, however, MTUS recommends 6 sessions over 2-3 weeks. The requested care of 12 sessions exceeds the MTUS recommendation. Therefore the request for 12 Chiropractic sessions to the neck are not be medically necessary and appropriate.