

Case Number:	CM14-0213727		
Date Assigned:	12/31/2014	Date of Injury:	08/01/2013
Decision Date:	02/25/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Minnesota
 Certification(s)/Specialty: Chiropractor

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 60 year old worker who was injured on 08/01/13 when she was working as a strapper operator with her back against the wall she pushed with her feet and legs. She injured her ankles and knees bilaterally, left thigh, neck and low back. Her height is 5'3" and her weight is 267 lbs. She has a complication of Diabetes along with her obesity. Her diagnosis are bilateral knee DJD, bilateral feet DJD with bilateral bunions, cervical and lumbar spine DJD. Prior treatment has consisted of medications and physical therapy with no amount of care given or how the patient has responded using objective measurable gains in functional improvement. There is no documentation regarding prior chiropractic care given and how the patient has responded. The AME report gave a past medical history of a tubal ligation, hysterectomy and a "tummy tuck". The AME diagnosed her with Chronic bilateral knee sprain, Chronic bilateral ankle sprain and induration left lateral thigh. The AME gave her a WPI of 9%. The doctor is requesting 8 sessions of chiropractic treatment of the left thigh, bilateral knees and ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the left thigh, bilateral knees and bilateral ankles x 8 sessions:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, chiropractic manipulation to the knees and ankles to include the left thigh is not recommended and is therefore not medically necessary. Manipulation of the low back to include the neck is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks.