

Case Number:	CM14-0216831		
Date Assigned:	01/06/2015	Date of Injury:	06/10/2014
Decision Date:	02/28/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46-year-old female with a work related injury dated June 10, 2014. The mechanism of injury was described as lifting 60-pound bags of concrete one at a time onto a pallet and was rotating her spine back and forth when she felt a pop in her lower back and left knee. The worker continued working but later in the evening she felt persistent pain in the knee and had difficulty going up stairs, she took ibuprofen, went to bed and when she awoke the knee was swollen. The injury resulted in neck and low back pain. At the physician's visit dated October 21, 2014 the worker was complaining of low back and left knee pain that was left-sided. The pain was described as constant, sharp, throbbing and which was rated five to six on a scale of ten and had sensations of pins and needles. The pain was aggravated with walking and climbing stairs and was relieved with standing in place and resting. There were also complaints of weakness, trouble with balance, sexual activity, lifting, dropping items, getting out of bed, cleaning, driving and sleeping for only four hours per night. Physical exam was remarkable for mild tenderness on palpation in the lumbar spine. Range of motion of the lumbar spine was decreased with flexion, extension, right/left lateral bending and right/left rotation. The worker was utilizing a hinged left knee brace and cane with ambulation. The left knee had pain with varus and valgus stress test. Diagnosis test reviewed at this visit included abnormal electromyography studies for the lumbar spine and lower extremities from 8/28/2014 in a pattern consistent with denervation of the left anterior tibial muscle. Nerve conduction studies of the lower extremities from 8/28/2014 were consistent with possible peripheral neuropathy involving the left sural and right tibial nerves. A right knee magnetic resonance imaging from 8/7/2014 showed globular increase signal intensity

posterior horn of the medial meniscus most consistent with intra-substance degeneration. A magnetic resonance imaging of the lumbar spine from 8/6/2014 revealed a one to two millimeter posterior disc bulges at the L4-5 and L5-S1 without evidence of canal stenosis or neural foraminal narrowing. A functional capacity study dated 10/21/2014 revealed maximum lifting capacity of five pounds and carry capability of ten pounds. Diagnosis included lumbar HNP pain/radiculopathy/sprain/sciatica and left knee pain/sprain/internal derangement. In the utilization review decision dated November 20, 2014 the request for 12 chiropractic visits to the left knee, three per week for four weeks was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropract Manj 1-2 Regions; Physical Medicine Procedure; Acupuncture W/O Stimul 15 Min: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: The patient has not had prior chiropractic treatments. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Furthermore the MTUS Guidelines do not recommend Chiropractic for knee pain. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.