

Case Number:	CM15-0007608		
Date Assigned:	01/26/2015	Date of Injury:	04/13/2008
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 62 year old female, who sustained an industrial injury on 04/13/2008. She has reported left knee pain. The diagnoses have included derangement left knee, post-surgical; and strain/strain left knee. Treatment to date has included medications, physical therapy, chiropractic sessions, and surgical intervention. Medications have included Norco. A progress note from the treating physician, dated 09/02/2014, documented a follow-up visit with the injured worker. The injured worker reported continued left knee pain/symptoms; and weight is getting to where she can endure surgery. Objective findings included hyper-flexion and hyper-extension knee pain persists; full and complete flexion against any form of weight bearing has tremendous gait affect; and remains at regular work. The treatment plan has included continuing medications; request for additional chiropractic-physical rehabilitation 1-3 times a week for 2 weeks; and follow-up evaluation. On 12/11/2014 Utilization Review non-certified Additional 1-3 Chiropractic sessions. The Official Disability Guidelines: Manipulation was cited. Utilization Review non-certified Additional 1-3 Physical Therapy sessions. The Official Disability Guidelines: Physical Therapy was cited. On 01/13/2015, the injured worker submitted an application for IMR for review of Additional 1-3 Chiropractic sessions; and Additional 1-3 Physical Therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 1-3 chiropractic sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Manipulation

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

Decision rationale: The MTUS Chiropractic section refers to Manual Therapy and Manipulation Guidelines for recommendations. MTUS states "Frequency: 1 to 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". The medical records do not indicate any extenuating circumstances that would warrant exception to the MTUS guidelines. Additionally, the treating physician states that the patient already completed 13 chiropractic and physical therapy sessions. The treating physician did not state the success or failure of the prior treatments. As such, the request for an additional 1-3 chiropractic sessions is not medically necessary.

Additional 1-3 physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface, Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted."The medical documentation states that the patient already completed 13 PT and chiropractic sessions. The treating physician did not document the success or failure of those treatments. Additionally, the medical documents do not note "exceptional factors" that would allow for treatment duration in excess of the guidelines. As such, the request for Additional 1-3 physical therapy sessions is not medically necessary.