

Case Number:	CM15-0019092		
Date Assigned:	02/09/2015	Date of Injury:	06/03/2012
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Chiropractic

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 44 year old male, who sustained an industrial injury on 8/3/12. The injured worker is status post Open Reduction and Internal Fixation (ORIF) of right tibial plateau fracture with likely post-traumatic arthritis, mild. The documentation noted that arthritic changes are mild on the X-rays. The injured worker has complaints of right knee pain. The diagnoses have included sprain hip and thigh; sprain of knee and leg; sprain lumbar region and ankle sprain/strain. Treatment to date has included corticosteroid injection; chiropractic treatments and medications. According to the utilization review performed on 1/7/15, the requested chiropractic care twice a week for 4 weeks to the lumbar spine has been non-certified. ACOEM 2005 OPMG low back, chapter 12. 298-9 Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy was used in the utilization review. Claimant received prior chiro care but it is unclear how many chiro sessions and whether claimant had any positive response to such therapy in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro twice a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Low Back Chapter/MTUS Definitions Page q

Decision rationale: The patient has received prior chiropractic care for her injuries. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional manipulative care with evidence of objective functional improvement. The ODG Low Back Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care." The same section recommends "total of up to 18 visits over 6-8 weeks." The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment in addition to documenting objective measurements. The range of motion has increased, pain level decreased and the patient has returned to modified duty with an increase in ADLs as documented by the treating chiropractor. The records provided by the primary treating chiropractor show objective functional improvements, per The MTUS, with ongoing chiropractic treatments rendered. I find that the 8 chiropractic sessions requested to the lumbar spine to be medically necessary and appropriate.