

Case Number:	CM15-0112964		
Date Assigned:	06/19/2015	Date of Injury:	09/12/2014
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 53 year old male who sustained an industrial injury on 09/12/14. Initial complaints are not available. Initial diagnoses include lumbar strain. Treatments to date include medications, acupuncture, a lumbar epidural steroid injection, and psychological counseling. Diagnostic studies include MRIs of the left knee, and right tibia/fibula, EEG, and electrodiagnostic studies of the lower extremities. Current complaints include right knee pain. Current diagnoses include lumbar strain/strain and right knee internal derangement. In a progress note dated 05/19/15 the treating provider reports the plan of care as chiropractic treatments, orthopedic consultation for the right knee, a urinalysis, unspecified topical compound creams and medications. The requested treatments include chiropractic treatments to the lumbar spine and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x a week for 4 weeks for lumbar spine and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule guidelines: Manual therapy & manipulation. Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended Page(s): 58.

Decision rationale: The medical necessity for the requested 12 chiropractic treatments for the lumbar spine and right knee was not established. The requested 12 treatments exceed medical treatment utilization schedule guidelines with respect to number of treatments. Moreover, the guidelines indicate that manipulation for knee complaints is not supported. The request is not medically necessary.