

Case Number:	CM15-0115149		
Date Assigned:	06/23/2015	Date of Injury:	02/20/2015
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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, 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 58 year old female who sustained an industrial injury on February 20, 2015. She has reported a bilateral knee, elbow, and right ankle injury and has been diagnosed with neck sprain and strain, thoracic sprain and strain, contusion of unspecified part of the lower limb, and contusion of the elbow. Treatment has included medications, chiropractic care, and physical therapy. There was bilateral trapezius tenderness and spasm as well as parathoracic tenderness and spasm. The injured worker has a left elbow stump just below the elbow amputation. There was mild anterior left knee tenderness with crepitus. There was minimal anterior right knee tenderness and crepitus. The right ankle noted no localized tenderness, no localized swelling, and no localized defect. The treatment request included Chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic office visits 2 times a week for 3 weeks for bilateral elbows and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the elbows and knees is not recommended. The doctor requested chiropractic office visits 2 times a week for 3 weeks for the bilateral elbows and knees. The request for treatment is not recommended by the above guidelines and therefore the request for treatment is not medically necessary and appropriate.