

Case Number:	CM15-0119634		
Date Assigned:	06/30/2015	Date of Injury:	12/10/2004
Decision Date:	07/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker was a 62 year old male, who sustained an industrial injury, December 10, 2004. The injured worker previously received the following treatments Ibuprofen, Omeprazole, Tizanidine, 6 sessions of physical therapy and chiropractic services. The injured worker was diagnosed with right knee intrasubstance degeneration, anterior horn lateral meniscus, right oblique horizontal tear of the posterior horn of the medial meniscus, right knee joint effusion, asthma, insomnia, emotional stress, exacerbation of asthma and cardiac pathology and right shoulder impingement syndrome. According to progress note of May 21, 2015, the injured worker's chief complaint was pain 5 out of 10 in the right knee and right shoulder. The injured worker reported Ibuprofen, Omeprazole and Tizanidine provided significant relief of symptomology. The physical exam of the right shoulder showed no obvious scars, deformities, atrophy or edema. The range of motion was limited to active forward flexion of 150 degrees, extension 40 degrees, 150 degrees abduction, 30-degree adduction, internal rotation of 80 degrees and external rotation of 80 degrees. There was mild tenderness with palpation over the subacromial space. There was no documented assessment for the right knee. The treatment plan included chiropractic treatments with physiotherapy and manipulation for the right shoulder and knee with a follow-up evaluation for the right shoulder and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, with physiotherapy and manipulation, 3 times wkly for 4 wks, for Right Shoulder/ Knee, 12 sessions: Upheld

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

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

Decision rationale: According to MTUS 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". Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. In addition, prior chiropractic sessions have been completed without significant and objective pain and functional improvement of the symptoms. Therefore, the request for 12 sessions of Chiropractic treatment, with physiotherapy and manipulation for Right Shoulder/ Knee is not medically necessary.

Follow up for re-evaluation, for Right Shoulder/ Knee, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)". The provider did not document lack of functional improvement that require a follow up

every 3 to 5 days. There is no evidence on the patient's file that he is being treated for acute pathological process. The documentation did not include the reasons, the specific goals and end point for the follow-up visit. Therefore, the request for Follow up for re-evaluation, for Right Shoulder/ Knee is not medically necessary.