

Case Number:	CM15-0120182		
Date Assigned:	07/08/2015	Date of Injury:	05/24/2010
Decision Date:	08/10/2015	UR Denial Date:	06/05/2015
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: 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 53-year-old female, who sustained an industrial injury on 5/24/10. She has reported initial complaints of knee injuries. The diagnoses have included osteoarthritis of the knees status post right total knee surgery, and status post left total knee surgery. Treatment to date has included medications, activity modifications, surgery, physical therapy, diagnostics, other modalities, off of work and home exercise program (HEP). Currently, as per the physician progress note dated 5/27/15, the injured worker complains of right knee pain and states that she was unable to complete her post-operative therapy on the knees due to irritable bowel syndrome flare-up. It is noted that she had completed 6 of 12 sessions of post-operative physical therapy to the knee. The objective findings related to the right knee reveal that she ambulates with a cane and antalgic gait, there is diffuse tenderness noted and decreased range of motion and 4/5 strength status post right total knee surgery. The physician progress orthopedic report dated 5/18/15 the injured worker complains of left knee pain. The physical exam reveals tenderness in the anterior aspect of the knee and the range of motion is 120/0. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the knees and x-rays of the knees. There is previous physical therapy sessions noted. The physician requested treatment included chiropractic care for increased function, range of motion and strength, 8 additional sessions to the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care: Cervical spine, lumbar spine and thoracic spine (x8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Low Back Chapters.

Decision rationale: The patient has received chiropractic care for her cervical, thoracic and lumbar injuries in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Neck & Upper Back and Low Back Chapters also recommend additional chiropractic care sessions with evidence of objective functional improvement. 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." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the cervical, thoracic and lumbar spine to not be medically necessary and appropriate.