

Case Number:	CM15-0128240		
Date Assigned:	07/15/2015	Date of Injury:	02/08/2014
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female with an industrial injury dated 02/08/2014. The injured worker's diagnoses include lumbar spine sprain/strain, medial and lateral meniscus tear status post left knee surgery on 12/05/2014, and left ankle sprain/strain secondary to gait change. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/15/2015, the injured worker reported low back pain radiating to the left lower extremity, left shoulder pain, left knee pain radiating to the left ankle, left ankle pain and difficulty falling asleep. Objective findings revealed tenderness to palpitation predominately over the left paralumbar musculature with associated spasm and full active range of motion. The treatment plan consisted of conservative treatment including diagnostic study, chiropractic therapy, and home treatment. The treating physician prescribed services for chiropractic visits 1 x 4 for the low back, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits 1 x 4 for the low back: 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 rationale: The claimant sustained a work injury in February 2014 and continues to be treated for radiating low back, left shoulder, and left knee and ankle pain. As of 04/17/15 treatments had included 22 sessions of physical therapy and 16 chiropractic treatments. Four additional chiropractic treatments were requested. When seen on 05/15/15 there was left lumbar paraspinal muscle tenderness with spasms with full range of motion. There was left knee medial joint line tenderness and positive McMurray's testing. There was mild left ankle tenderness with full range of motion. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of additional treatment sessions requested is in excess of the guideline recommendation and is not medically necessary.