

Case Number:	CM15-0067947		
Date Assigned:	04/15/2015	Date of Injury:	07/20/2012
Decision Date:	05/14/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/09/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 28 year old female injured worker suffered an industrial injury on 7/20/2012. The diagnoses included sacroiliac sprain and right hip surgery. The diagnostics included pelvic x-rays. The injured worker had been treated with physical therapy and medications. On 1/13/2015 and 2/18/2015 the treating provider reported severe sharp frequent low back pain 5/10 with stiffness, numbness and tingling to the right leg with weakness. There was loss of sleep due to pain along with anxiety and depression. The range of motion to the lumbar spine was painful and tender along with spasms. The treatment plan included Range of motion for the right knee, right hip, and lumbar spine and Chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion for the right knee, right hip, and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical Examination, Flexibility.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 28 year old female with an injury on 07/20/2012. She had right hip surgery. On 01/13/2015 and 02/18/2015, she had low back pain with numbness and tingling and right leg weakness. She had physical therapy previously. By this point in time she should have been transitioned to a home exercise program as there is no objective documentation that continued formal physical therapy with range of motion is superior to a home exercise program. Also, the number of visits requested for these range of motion treatment was not noted. Therefore, the request for Range of motion for the right knee, right hip, and lumbar spine is not medically necessary.

Chiropractic treatments 2 times a week for 3 weeks for the right hip, right knee and lumbar spine: Overturned

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 and Manipulation Page(s): 58.

Decision rationale: The patient is a 28 year old female with an injury on 07/20/2012. She had right hip surgery. On 01/13/2015 and 02/18/2015, she had low back pain with numbness and tingling and right leg weakness. She had physical therapy previously. MTUS, Chronic Pain guidelines provides for a trial of 6 chiropractic visits for the treatment of back pain. I am not going to differentiate between the request for 2 visits a week for three weeks for a total of a trial of 6 visits from the three visits a week for two weeks for a total of 6 visits that is noted in the guidelines. There must be objective documentation of clinical improvement for any further therapy. Therefore, the request for Chiropractic treatments 2 times a week for 3 weeks for the right hip, right knee and lumbar spine is medically necessary.