

<b>Case Number:</b>	CM15-0070191		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 48 year old female who sustained an industrial injury on 11/24/12. Initial complaints and diagnoses are not available. Treatments to date include medications and chiropractic care. Diagnostic studies include a MRI of the lumbar spine on 03/22/15 which showed spondylosis and disc desiccation. Current complaints include back and left knee pain. Current diagnoses include sprain/strain of the wrist, knee, and back; thoracic/lumbosacral neuritis/radiculitis, carpal tunnel syndrome, and tear of the lateral and medial cartilage or meniscus. In a progress note dated 03/18/15 the treating provider reports the plan of care as chiropractic treatments. The body region to which treatment is being requested has not been specified. The requested treatments include chiropractic rehabilitation 8 additional sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic rehabilitation, twice a week for four weeks:** 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/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Low Back, Neck & Upper Back and Knee Chapters, Manipulation Sections.

**Decision rationale:** The patient has received chiropractic care for her injuries in the past. The past chiropractic treatment notes are not present in the materials provided. Only one chiropractic PR2 report exists in the records. Additional records are absent. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. The body regions for which treatment is being requested for have not been specified. 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 Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS does not recommend manipulation for the knee. The ODG recommends chiropractic care for the neck, knee and lower back 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 have been no objective functional improvements with the care in the past per the treating chiropractor's progress note reviewed. I find that the 8 additional chiropractic sessions requested to the neck, left knee and lumbar spine are not medically necessary or appropriate.