

Case Number:	CM15-0097521		
Date Assigned:	05/28/2015	Date of Injury:	04/19/2012
Decision Date:	06/26/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/20/2015

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 54 year old female who sustained an industrial injury on 04/19/2012 resulting in pain/injury to the left ankle, left knee, low back and left shoulder. The Injured worker was diagnosed with left ankle fracture. Treatment provided to date has included: physical therapy (unknown number of sessions); left knee surgery (2012). Diagnostic tests performed include: x-rays of the left ankle, left knee, low back and left shoulder which showed a fracture left ankle; and MRIs of the left ankle, left shoulder and low back. Other noted dates of injury documented in the medical record include: 2008 or 2009. There were no noted comorbidities. On 04/22/2015, physician progress report noted complaints of low back pain. Pain is rated as 7/10 and described as constant. Additional complaints include constant tingling in both legs; constant mild left shoulder pain that increases to 7/10 with activity; constant left knee pain rated 2/10 that increases to 8/10 with weight bearing; constant left foot pain (bottom of foot) rated 5/10 and increases to 6/10 with weight bearing; left ankle pain rated 4/10 without weight bearing and increases to 6/10 with weight bearing; constant neck pain rated 5/10 and increases to 7/10 with movement; constant left wrist pain rated 3/10 at rest and increases to 5/10 with movement; and right knee pain rated 3/10 with weight bearing. There were no noted objective findings upon physical exam as the physician reported "unchanged" for findings. The provider noted diagnoses of lumbar disc syndrome, radicular neuralgia to bilateral legs, cervical strain/sprain, left supraspinatus sprain/strain, left ankle pain status post fracture, left knee internal derangement, right knee internal derangement, and left wrist sprain/strain. Plan of care includes chiropractic treatments, a left knee brace and a cane. Requested treatments include: 12 chiropractic treatments for the left knee, shoulder, left ankle and low back which was modified to 6 chiropractic treatments, and a left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, 2 times a week for 6 weeks, for the left knee, shoulder, left ankle and low back: Upheld

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

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 April 2012 and is being treated for neck pain, low back pain, left shoulder pain, left ankle pain, left wrist pain, and bilateral knee pain. She has a history of a left ankle fracture and underwent left knee surgery in 2012. She has had physical therapy. When seen, there was an antalgic gait. There was tenderness throughout the spine and left shoulder and left lateral ankle. 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 treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.

Durable medical equipment (DME) knee brace, left: 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-TWC), ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant sustained a work injury in April 2012 and is being treated for neck pain, low back pain, left shoulder pain, left ankle pain, left wrist pain, and bilateral knee pain. She has a history of a left ankle fracture and underwent left knee surgery in 2012. She has had physical therapy. When seen, there was an antalgic gait. There was tenderness throughout the spine and left shoulder and left lateral ankle. A knee brace can be recommended when there is severe instability as demonstrated by physical examination or after a failed knee replacement. In this case, neither condition is present and therefore requesting a brace was not medically necessary.

