

Case Number:	CM15-0098402		
Date Assigned:	05/29/2015	Date of Injury:	10/09/2014
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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 patient is a 51 year old female who suffered an injury to wrists and knees on 10/09/2014 as a result of slipping and falling on a wet floor. Per the primary physician's report the chief complaints are bilateral knees and wrists pain. The patient has been treated with medications, home exercise program, injections and physical therapy. The diagnoses assigned by the treating physician are bilateral wrist sprain, chondromalacia and internal derangement of knees. An X-Ray study of the wrists and knees has shown osteoarthritis. The PTP is requesting an initial trial of 8 sessions of chiropractic care to the bilateral wrists and knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for bilateral wrists and knees, 2 times a week for 4 weeks, quantity: 4 sessions: Upheld

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 based on Non-MTUS Citation ODG Hand, Forearm and Wrist and Knee Chapters, Manipulation Sections.

Decision rationale: The patient has not received chiropractic care for her knee or wrist injuries in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Hand, Forearm and Wrist Chapter and Knee Chapter does not recommend chiropractic care. I find that the initial trial of 8 sessions of chiropractic care requested to the bilateral knees and wrists is not medically necessary and appropriate.