

Case Number:	CM16-0243453		
Date Assigned:	12/23/2016	Date of Injury:	10/10/2016
Decision Date:	01/26/2017	UR Denial Date:	12/15/2016
Priority:	Standard	Application Received:	12/19/2016

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: Texas, Oklahoma

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:

This case involves a now 60-year-old female with a history of an occupational claim from 10/10/2016. The mechanism of injury is detailed as a fall from ground level. The current diagnoses are documented as sprain of ligaments of the cervical spine, sprain of the ligaments of the thoracic spine, sprain of the ligaments of the lumbar spine, contusion of right elbow and contusion of right knee. Prior treatment has included medication and work restrictions. An office visit on 11/01/2016 shows the patient presented with a chief complaint of pain in the low back, right elbow, right knee in the neck. The physical examination revealed tenderness to palpation of the paracervical and trapezius in the neck. The patient decreased range of motion secondary to pain. The patient had a positive muscle spasm and decreased range of motion of the lumbar spine. Medications include cyclobenzaprine 10 mg, and nabumetone 750 mg. The treatment plan consisted of continued use of medication, chiropractic/physiotherapy for the cervical spine, thoracic spine, lumbar spine, right elbow and right knee and MRI of the lumbar spine and MRI of the right knee. A request for authorization was signed on 12/08/2016. These requests were previously reviewed on 12/15/2016 and resulted in non-certification of MRI of the lumbar spine due to lack of exhaustion of conservative treatment prior to an imaging study, non-certification of MRI of the right knee due to lack of indication of exhaustion of conservative treatment prior to an imaging study, non-certification for chirophysio therapy for the right elbow and right knee due to not being supported as a treatment option in the elbow and knee and modification for an initial 6 sessions of chirophysio for the cervical, thoracic and lumbar spine as is recommended for an initial trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM Guidelines indicate referral for surgical consultation may be indicated for patients who have: activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The patient presented with a chief complaint of right knee pain. However, there are no significant objective findings to indicate knee derangement. There is no indication the patient has failed to improve with conservative treatment prior to an imaging study. As such, the request for MRI of the right knee is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: ACOEM Guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The patient presents with a chief complaint of low back pain. However, there are no neurological deficits to support MRI of the low back. There is no indication the patient has failed to improve with conservative treatment prior to an imaging study. As such, the request for MRI of the lumbar spine is not medically necessary.

Chiropractic therapy two times a week for four weeks for the right elbow and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

Decision rationale: Per California MTUS 2016 Chronic Pain Guidelines, chiropractic care is recommended for chronic pain if caused by a musculoskeletal condition. A trial of 6 sessions is supported and with evidence of improvement, additional sessions may be added. Sessions should

not exceed 18 visits. Manual therapy and manipulation is not supported for the ankle, foot, carpal tunnel syndrome, forearm, wrist, hand, or knee. Chiropractic treatment is not recommended for body parts and including the elbow and knee. There is insufficient studies to evidence of efficacy of chiropractic treatment for body parts in the including the elbow and knee to support treatment. As such, the request for Chirophysio therapy two times a week for four weeks for the right elbow and right knee is not medically necessary.

Chirophysio therapy for the cervical spine, thoracic spine, and lumbar spine, two times a week for four weeks (8 sessions) was the original request. Chirophysio therapy for the cervical spine, thoracic spine, and lumbar spine, 6 sessions was authorized by the Claims Administrator. The remaining IMR eligible portion of the original request, Chirophysio therapy for the cervical spine, thoracic spine, and lumbar spine, 2 sessions is: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Manual therapy & manipulation.

Decision rationale: Per California MTUS 2016 Chronic Pain Guidelines, chiropractic care is recommended for chronic pain if caused by a musculoskeletal condition. A trial of 6 sessions is supported and with evidence of improvement, additional sessions may be added. Sessions should not exceed 18 visits. Manual therapy and manipulation is not supported for the ankle, foot, carpal tunnel syndrome, forearm, wrist, hand, or knee. A prior review has already authorized the patient with an initial 6 sessions of chirophysio therapy for the cervical spine, thoracic spine and lumbar spine. A request for an additional 8 sessions exceeds the recommended guidelines for the initial 6 sessions. Given that the patient has already been authorized an initial trial, additional sessions are not appropriate at this time. As such, this request is not medically necessary.