
Notice of Independent Medical Review Determination

Dated: 9/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	8/28/2010
IMR Application Received:	7/10/2013
MAXIMUS Case Number:	CM13-0001177

- 1) MAXIMUS Federal Services, Inc. has determined the request for ten (10) chiropractic manipulation sessions **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/12/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for ten (10) chiropractic manipulation sessions **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is a licensed Chiropractor and Acupuncturist and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013

“The patient is a 44 year old male with a date of injury of 8/28/2010. A prospective request has been submitted for JO additional chiropractic manipulation sessions.

“Review of the submitted documentation indicates the patient has medial and lateral left knee pain.

“Documentation states he no longer uses a cane to ambulate and reports improved strength and balance with an occasional feeling of the knee wanting to go out. He can now ride stationary bike 30 minutes and walk 45 minutes at a time which is an improvement since last review was denied. The left knee continues to show edema and global swelling within anterior portion of knee. Examination also reveals bilateral joint line tenderness with medial joint line more tender than lateral. Patellar grinding test is positive on left and left quadriceps muscle has increased in size and now measures greater than right with a left measurement of 50 cm and right of 49 cm. A prior review requesting 12 chiropractic manipulations was denied on 5/22/2013 due to the fact that the patient should be on a home exercise program after 24 previous chiropractic sessions. At this time the provider is requesting 10 chiropractic visits which will consist of strengthening of quadriceps, gluteal and core muscles.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/10/13)
- Utilization Review Determination (dated 7/2/13)
- Employee medical records from [REDACTED] MD (7/9/12-7/10/13)
- Employee medical records from [REDACTED] DC (dated 1/28/13-5/21/13)
- Employee medical records from [REDACTED] DO (dated 12/11/13)
- Employee medical records from [REDACTED] (ated 1/9/13)
- Employee medical records from [REDACTED] (dated 8/1/12)
- Employee medical records from [REDACTED] (dated 3/18/13)
- Chronic Pain Medical Treatment Guidelines (May, 2009), Part 2, Pain Interventions and Treatments, pg. 58-59

1) Regarding the request for ten (10) chiropractic manipulation sessions:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May, 2009) pg. 58, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury to the left knee on 8/28/2010. The medical records submitted for review indicate continued medial and lateral left knee pain. Treatment has included previous chiropractic sessions. The request is for ten (10) chiropractic manipulation sessions.

MTUS Chronic Pain guidelines do not recommend chiropractic treatment for the knee. The medical records reviewed indicate the additional chiropractic treatments are intended to strengthen quadriceps, gluteal, and core muscles which would not be achieved through chiropractic manipulation. The request for ten (10) chiropractic manipulation sessions **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/dl

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.