

<b>Case Number:</b>	CM13-0031027		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture, 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 physician 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/services.

### 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 reported to be a 55 y/o who sustained a reported injury on 3/25/2011; ■■■ reported fell at work. On 7/18/13 the ■■■ completed a left knee arthroscopic repair from ■■■■■■■■■■, ■■■ Procedure: left knee partial medial and lateral meniscus, synovectomy, left knee abrasion chondroplasty and injection of anesthetic agent. Post op PT was initiated completing 5/16 sessions with reported significant objective improvement. A PR-2 from ■■■■■■■■■■ and ■■■■■■■■■■ dated 8/23/13 reported the ■■■ for aftercare for surgery of the knee bursitis, myofascitis, tear of the meniscus of the BL knees and cruciate of the right knee. ■■■ were requesting post-op Chiropractic care for the left knee 2x3 with a home exercise kit and cold/hot devise. On 9/10/13 a UR denial of requested Chiropractic treatment and related devises/exercise kit was denied. Rationale: CA MTUS; ACOEM 2nd edition, pgs 1021-22; manipulation not recommended. ODG Knee leg 6/7/13

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post -op chiropractic therapy for the left knee 2xwk x3 wks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 06/07/13); cold/heat packs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021/22.

**Decision rationale:** The patient is reported to be a 55 y/o who sustained a reported injury on 3/25/2011; [REDACTED] reported fell at work. On 7/18/13 the [REDACTED] completed a left knee arthroscopic repair from [REDACTED]. The procedure was a left knee partial medial and lateral meniscus, synovectomy, left knee abrasion chondroplasty and injection of anesthetic agent. Records reflect that post-operative PT was also certified for 16 visits of which 5/16 were completed when [REDACTED] and [REDACTED] requested initiation of Chiropractic care. PT records reflected that at number 5 visit ROM had improved to 130 degrees with ADL's improving with standing and walking. The 8/23/13 request from [REDACTED] was to initiate post-operative ROM measures, infrared heat, cold packs and manipulative therapy along with myofascial release to the left knee. Initiation of manipulation to the knee is not supported by MTUS Guidelines and would not clinically be reasonable given the reported functional gains in ROM and ADL's reported on the 5th visit of PT. [REDACTED] and [REDACTED] have not documented the medical necessity for the use of manual therapy where functional deficits of knee are not demonstrated. Concurrent use of post op PT with modalities of heat/cold would be duplicative and unnecessary given the PT records that reflected that at the time of Chiropractic request for care, the patient was already receiving myofascial release, infrared and e-stim therapy along with active care and HEP instruction. The determination to not certify the initiation of manual therapy by Chiropractic manipulation is consistent with referenced CA MTUS Treatment Guidelines. The Appeal for certification of Chiropractic manipulation of the left knee with is denied.

**Home exercise kit, hot/cold device:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 06/07/13); cold/heat packs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Knee/leg; ice/heat/exercise; CA MTUS pg/1-21/22, ice/heat-initial care

**Decision rationale:** The ODG Guidelines would support a home program as requested if the patient failed to progress with both supervised or instructions in home care. Records reflect that the patient was progressing in the active care program demonstrating functional gains without the need for a concurrent exercise plan in the form of an exercise kit or the need for ice/heat, therapies already being employed within the PT program of 5/16 visits completed. The UR determination to deny the use of a home exercise kit along with ice/heat devices was reasonable and supported by reviewed documents and evidence based rationale.