

Case Number:	CM13-0033536		
Date Assigned:	12/06/2013	Date of Injury:	06/14/2013
Decision Date:	02/12/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported an injury on 06/14/2013 due to a pivot motion that caused pain in the right knee. The patient was treated conservatively with 12 physical therapy visits. The patient underwent an MRI that revealed advance lateral compartment osteoarthritis related to chronic tearing and extrusion of the meniscus, joint effusion with a Baker's cyst, mucinous degeneration of the cruciate ligaments. The patient's most recent clinical examination findings revealed right knee pain rated 8/10 that interferes with the patient's activities of daily living and sleeping through the night. Physical findings included valgus deformity, diffuse tenderness around the knee area especially along the lateral joint line, and restricted range of motion described as 25 degrees in extension to 65 degrees in flexion. The patient's diagnoses included right knee old osteochondral defect with loose body, right knee locks secondary to loose body, endstage lateral compartment degenerative joint disease, and a lateral meniscus tear. The patient's treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional chiro-physiotherapy visits, twice a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58.

Decision rationale: 12 additional chiro-physiotherapy visits twice a week for 6 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously received 12 visits of this type of therapy. California Medical Treatment Utilization Schedule recommends that manual manipulation and therapy be based on objective functional improvement. The clinical documentation submitted for review does not provide any evidence of functional improvement related to the prior treatment. Therefore, continuation of treatment would not be indicated. As such, the 12 additional chiro-physiotherapy visits twice a week for 6 weeks is not medically necessary or appropriate.