

Case Number:	CM13-0034304		
Date Assigned:	12/06/2013	Date of Injury:	12/23/1996
Decision Date:	01/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractor 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 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:

According to the available medical records, this is a 58 year old female patient with chronic bilateral knee pain, date of injury 12/23/1996. Patient had surgery to the left knee on 05/03/2012 and postoperative treatment after that. However, there is a lack of medical records for those treatments, number of chiropractic and physical therapy visits as well as results. PR-2 report dated 07/11/2012 by [REDACTED] revealed left knee soreness with occasional swelling, right knee sore due to compensating for her left knee; exam revealed no acute changes on Xrays exam of left knee, left femur and left tibia, 0-130 flexion on both side, mild tenderness, mild swelling; diagnoses include bilateral knee sprain with possible internal derangement; requesting PT or DC 3x a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy or Chiropractic Treatment 3x week for 6 weeks to the Bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back, Ankle and Foot, Carpal Tunnel Syndrome, Forearm, Wrist, & Hand, Knee. Page(s): 58-59.

Decision rationale: According to the available medical records, this patient had surgery on her left knee on 05/03/2012 and received post-operative treatment. Unfortunately, there is no records for the number of visits she received and the results and we are now 7 months postsurgical, based on the guideline cited above, PT is not medical necessary. CA MTUS guideline do not recommend chiropractic manipulation for knee pain, and therefore, chiropractic visits requested are not medical necessary.