

Case Number:	CM13-0035912		
Date Assigned:	12/13/2013	Date of Injury:	04/18/2013
Decision Date:	02/20/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/18/2013

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. 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 24 year old male who reported a work injury sustained on 4/18/13. The mechanism of injury is unknown. He was diagnosed with right knee strain. Patient also reported non-work related low back pain. Patient was bending forward when he felt a pop. From 4/25/13-5/3/13 patient had several physical Therapy sessions revealed no objective findings noted and the pain was reported unchanged. He was referred to Orthopedics due to slow progress. Patient was re-evaluated on 6/7/13 and the knee was still painful. Per 8/6/13 notes, the right knee had restricted range of motion and positive tenderness to palpation. The patient complained of pain worsening in the right knee and back.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Chiropractic Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339, Chronic Pain Treatment Guidelines Manual Therapy and manipulation Page(s): 58.

Decision rationale: Per Occupation Medicine Practice Guidelines Chapter 13 Page 339 " Manipulation does not appear to be effective in alleviating knee pain". Per Chronic pain medical treatment page 58 "Recommended for chronic pain if caused by musculoskeletal conditions,

Manual therapy is widely used in the treatment of musculoskeletal pain". "Knee: not recommended". Per review of evidence, patient had several sessions of Physical Therapy without any functional improvement. Per guidelines Chiropractic care is not recommended for knee pain therefore 8 sessions of Chiropractic are not medically necessary.