

Case Number:	CM13-0037876		
Date Assigned:	12/18/2013	Date of Injury:	07/30/2012
Decision Date:	06/04/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

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

The claimant is a 54 year old male who sustained a work related injury on 7/30/2012. Prior treatment includes physical therapy, chiropractic, acupuncture, two knee surgeries, and oral medication. His last knee surgery was a meniscectomy 8/15/2013. According to a prior review dated 10/11/13, he has had 25 post operative physical therapy treatments and 8 chiropractic visits post surgically. Per a report dated 11/18/2013, the claimant is having headaches and low back pain and knee pain. He has associated weakness and locking. Lifting, pushing, pulling, bending, kneeling, and walking aggravate his symptoms. He is to continue physical therapy 3 times a week for four weeks. His diagnoses include left knee internal derangement, recurrent medial meniscal tear, left knee, and status post left knee arthroscopy. According to report dated 12/15/2013, the claimant is doing well with no findings and is to continue home exercise program. He is released back to care under his primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTSURGICAL CHIROPRACTIC THERAPY (4 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60, Postsurgical Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, chiropractic manipulation is not recommended for the knee. In addition, if chiropractic is provided it is generally recommended as chiropractic physical therapy versus manipulation. In this case, the claimant has already had post surgical physical therapy which exceeds the recommended post surgical guidelines. Also, according to the most recent report, the claimant has been discharged post-surgically back to his primary treating physician with no subjective complaints or objective complaints. Therefore, further chiropractic treatment is not medically necessary.