

Case Number:	CM13-0040316		
Date Assigned:	06/13/2014	Date of Injury:	10/01/2013
Decision Date:	08/05/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Board Certified in Chiropractics 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 28 years old female patient with left knee pain, date of injury 10/01/2013. Previous treatments include medications, chiropractic, physical therapy and bracing. Progress report dated 10/18/2013 by the treating doctor revealed the patient had brace, doing chiropractic with benefit, less pain, able to bike, occasional popping on left knee. Exam noted left knee tender, mild swelling, ROM 0-140, tender medial joint line, and pain in McMurray's. Diagnoses include joint pain in left leg, joint effusion left leg and patellar tendinitis. The patient remained of work for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS 2 TIMES PER WEEK FOR 4 WEEKS, FOR TREATMENT OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy and Mannipulation, pg. 58-59..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain, page 58-59, recommended manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression

in the patient's therapeutic exercise program and return to productive activities. Low back: recommended as an option. Therapeutic care - trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 week. Elective/maintenance care - not medically necessary. Recurrences/flare-ups - need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist & Hand: Not recommended. Knee: not recommended. Treatment Parameters from state guidelines. Time to produce effect: 4 to 6 treatments. Frequency: 1-2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continue at 1 treatment every other week until the patient had reach plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and document at each treatment session. (Colorado, 2006) Injured workers with complicating factors may need more treatment, if documented by the treating physician Page(s): 58-59.

Decision rationale: The California MTUS guidelines do not recommend chiropractic treatments for the knee. Therefore, the request for 8 more chiropractic visits for the left knee is not medically necessary.