

Case Number:	CM13-0041686		
Date Assigned:	03/24/2014	Date of Injury:	07/16/2012
Decision Date:	04/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine & Rehabilitation 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 patient is a 39 year old male who was injured on 07/16/2012. The patient was standing on a cement wall of about 3 feet high to get a fruit off a tree and he lost his balance and feel injuring his left knee. Immediately following the accident, he felt pain and noticed swelling. Prior treatment history has included work conditioning, Tylenol, physical therapy and left knee brace with hinges. The patient underwent arthroscopy partial lateral meniscectomy anterior cruciate ligament reconstruction with graft on 10/04/2012. 12/10/2013 Medications Include: Naproxen 550 mg, and Tramadol 150 mg. A PR2 dated 09/24/2013 indicated the patient is making slow recovery. He has not regained the left knee flexion. He is currently working and wearing a hinged knee brace. He rates his pain a 3-4/10, with 5/10 being at its worst. He describes the pain with pin and needles located in the inner left knee below kneecap and a burning sensation located in the front and back of the left knee. Objective findings on exam revealed flexion on the right 140 degrees, left 100 degrees with 140 being normal. A PR2 dated 12/10/2013 indicated the patient has continued pain over left knee despite the anterior cruciate ligament repair. He states that he is currently working. He rates his pain 4-6/10, 7/10 being at its worst. Objective findings on exam revealed left knee has no real laxity intact graft; Left knee flexion is 120 degrees. The patient is diagnosed with 1) Status post, ACL reconstruction, left knee; 2) Ankylosis, partial, left knee; 3) Arthrosis, left knee, secondary to #1. The patient was recommended a hinged left knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC 2 X 3 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Guidelines, manual therapy and manipulation is not recommended for the knee. The medical report dated 12/10/2013 documents good and improved range of motion of the left knee. He has been recommended a knee brace. It is reasonable that the patient can continue to improve overall function of the left knee with self-directed program of stretching, strengthening, and range of motion exercises and palliative methods of ice or heat as desired. The request for chiropractic care for the knee is not supported by the MTUS Chronic Pain Guidelines, and is therefore not medically necessary and appropriate.