

Case Number:	CM13-0047109		
Date Assigned:	12/27/2013	Date of Injury:	12/05/2012
Decision Date:	10/03/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/04/2013

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 Chiropractic Services 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 injured worker is a 41-year-old male with a reported date of injury of 12/05/2012. Mechanism of injury is described as pallet fell on the back of his right knee. The physician's progress report of 05/24/2013 notes approximately 1 week ago the patient was having to push heavy racks of chicken and noted increased pain and swelling of the right knee. Pain level was 8/10. By examination, the patient ambulated full weight-bearing right lower extremity without assistive devices, slight swelling was noted in the knee, circumferential tenderness on all aspects of the knee and slight effusion were noted; right knee range of motion was full 0 to 130 without crepitation, patellar tracking appeared normal, the patient did complain of pain in range of motion of the knee, there was no instability to varus and valgus stress testing at 0 and 30 flexion, and Lachman and drawer were negative. The diagnosis was noted as right knee bone contusion with recent exacerbation and effusion. The patient requested to be placed off work for 1 month, but the medical provider informed the patient he was not able to certify that the patient was utterly incapacitated and having him do no physical activity at all was not necessary for his recovery and in fact would be deleterious for his recovery. The patient presented for chiropractic care on 07/15/2013 with complaints of pain into his right knee and calf. By examination, the patient walked with a visible limp on the right, mild swelling noted in the right knee, right knee range of motion revealed painful flexion 20/140 and painful extension 0/0; positive Valgus stress (int), patellar compression and McMurray's maneuver; lower extremity DTRs symmetrical and active bilaterally, no sensory deficit, and mild atrophy noted in the medial vastus musculature. The chiropractor diagnosed right knee sprain/strain, rule out internal derangement, and rule out osteonecrosis of the medial femoral condyle. The patient was seen in orthopedic evaluation on 08/12/2013 and reported receiving physical therapy since March 2013 with relief, and he had been receiving chiropractic treatment since February 2013 with no relief. By examination, there

was right knee tenderness to palpation over the medial and lateral joint lines, manual muscle testing revealed 4/5 strength in flexion and extension, and range of motion was restricted due to pain. Diagnoses were reported as right knee contusion, right lower leg contusion, and right knee internal derangement. The treating chiropractor authored a letter dated 08/28/2013 and reported the patient had "continued to receive chiropractic care and physical therapy in this office with improvement being demonstrated. At this time, Mr. XXX continues to receive treatment in this office and he remains off work pending the orthopedic consultation."

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC SESSIONS 1 TIME PER WEEK FOR 4 WEEKS IN TREATMENT FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

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

Decision rationale: The request for additional chiropractic sessions in the treatment of this patient's right knee at a frequency of 1 time per week for 4 weeks is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) does not support the request for chiropractic treatment of knee complaints. MTUS reports the following: Manual therapy and manipulation are not recommended in the treatment of knee complaints. In orthopedic evaluation on 08/12/2013 the patient reported he had been receiving chiropractic treatment since February 2013 with no relief. On 08/28/2013, the chiropractor reported the patient had continued to receive chiropractic care and physical therapy in his office. Although no chiropractic treatment notes were provided for this review, the patient had reportedly completed at least 18 chiropractic visits. There is no chiropractic documentation of evidence of efficacy with chiropractic care rendered. MTUS (Chronic Pain Medical Treatment Guidelines) does not support the request for additional chiropractic sessions in the treatment of this patient's right knee.