

Case Number:	CM13-0048678		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2012
Decision Date:	03/07/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine and Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 43-year-old female with date of injury on 02/14/2012. The utilization review letter dated 10/14/2013 references a progress report dated 10/03/2013 by [REDACTED]. This progress report was not made available for review. There were multiple physical therapy treatment notes between 02/11/2013 to 04/09/2013. The 10/03/2013 report referenced by utilization review indicates that the patient was diagnosed with 1 knee surgery aftercare, tear knee and knee pain. Utilization review also states the patient was status post left knee arthroscopy on 01/08/2013 from [REDACTED]. It was noted that the patient continued to complain of bilateral knee pain at a 6/10. The exam showed left knee weakness, positive grind test on the left. Range of motion was restricted into 90 degrees flexion and 215 degrees extension. Passive range of motion was reported at 115 degrees flexion. Patient was noted to ambulate with a cane. The request made for 6 sessions of chiropractic treatment and physiotherapy as well as a PM&R consult request. These requests were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Chiropractic Treatment and Physiotherapy 2 times a week for 3 weeks: Upheld

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

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

Decision rationale: The patient continues to complain of bilateral knee pain. The patient was more than 9 months status post left knee surgery on the date of the requested treatment. Chronic Pain Medical Treatment Guidelines regarding manual therapy and manipulation recommend a trial of 6 sessions of chiropractic treatment for low back pain. However, regarding the knee, Chronic Pain Medical Treatment Guidelines specifically states that it is not recommended. The specific type of treatment that was being requested for the knee was not indicated. The request for 6 sessions of chiropractic treatment for the left knee does not appear to be supported by the guidelines noted above. Therefore request is not medically necessary

Physical Medicine and Rehabilitation Consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The patient continues with bilateral knee pain and was greater than 9 months status post left knee surgery. ACOEM Guidelines page 127 states that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The request for PM&R consult appears to be reasonable as this patient continues with bilateral knee pain 9 months status post surgery. Therefore request is medically necessary.