

Case Number:	CM13-0054282		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2013
Decision Date:	03/24/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/31/2013

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 & Rehabilitation, and is licensed to practice in Texas. 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 34-year-old male who reported a work-related injury on 03/11/2013 after slipping backward while using a jackhammer, causing his right leg to hyperextend which resulted in an injury to his right knee and back. MRI of the right knee dated 05/08/2013 revealed a longitudinal oblique tear to posterior horn of lateral meniscus. The patient underwent a partial lateral meniscectomy to the right knee on 10/30/2013. A request has been made for post-op chiropractic therapy right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op chiropractic therapy right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the clinical note dated 12/09/2013, the employee complained of right knee pain with popping. The employee stated there was pain with extension and stiffness of the right knee. It was noted the employee had no formal physical therapy and was doing range of motion on his own. Objective findings included a positive limp on the right with

significant atrophy to right quad. Mild extensor lag was noted with no effusion. There was crepitus to patellofemoral. Treatment plan included a cane due to quad weakness, a patellar tracking brace for the right knee, physical therapy as soon as possible, and the employee's Norco was refilled. The MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The Guidelines indicate that manual therapy and manipulation is not recommended for the knee. The clinical documentation submitted stated the employee had not yet begun physical therapy for the right knee. Furthermore, the number of sessions for chiropractic therapy was not noted in the request. Given the above, the decision for post-op chiropractic therapy right knee is non-certified.