

Case Number:	CM13-0059033		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2013
Decision Date:	05/06/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/29/2013

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 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 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 53-year-old female who reported an injury on 05/06/2013. The mechanism of injury was noted to be constant driving with the injured worker's hands on the wheel and constant sitting for 5+ years. The documentation of 10/08/2013 revealed that the injured worker had complaints of pain in the bilateral knees. Physical examination revealed that moderate to severe swelling was noted bilaterally, and the injured worker had medial and lateral joint line tenderness bilaterally. The injured worker had decreased range of motion in flexion and extension. The patellar grind test was positive bilaterally. Diagnoses included bilateral knee tricompartmental osteoarthritis per the MRI of 08/14/2013. The request was made for topical medications and chiropractic manipulation for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) CHIROPRACTIC SESSIONS ADJUNCTIVE FOR PHYSIOTHERAPY FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment is not recommended for the knee. The request for chiropractic care would not be supported. Given the above and the lack of documentation of exceptional factors, the request for 8 chiropractic sessions adjunctive for physiotherapy for the bilateral knees is not medically necessary.