

Case Number:	CM13-0066320		
Date Assigned:	01/03/2014	Date of Injury:	03/29/2000
Decision Date:	05/23/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/16/2013

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 an 80-year-old male who reported an injury on 03/29/2000. The mechanism of injury was not provided for review. The injured worker's treatment history included shoulder surgery and left knee surgery. Postsurgical management of the injured worker's shoulder surgery included physical therapy and chiropractic care. Treatment history of the left knee included postsurgical physical therapy and injection therapy. The injured worker was evaluated on 07/30/2013. Evaluation of the right shoulder documented limited range of motion with a negative Hawkins sign and negative tenderness to palpation of the rotator cuff. Evaluation of the left knee documented minimal effusion with range of motion described as 0 to 130 degrees with tenderness along the joint line. The injured worker's diagnosis included status post rotator cuff repair of the right shoulder and status post meniscectomy of the left knee with degenerative joint disease. A treatment recommendation of 12 visits of chiropractic treatment to the left knee was provided. The injured worker was again evaluated on 11/01/2013. Physical findings included tenderness to the left lateral joint line, improved range of motion, and decreased laxity. The injured worker's treatment plan included continued chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SERVICES WITH MODALITIES AND EXERCISES TO LEFT KNEE 2 X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE MANUAL MANIPULATION Page(s): 98-99 58.

Decision rationale: California Medical Treatment Utilization Schedule does support the use of physical medicine to address deficits and pain complaints. However, California Medical Treatment Utilization Schedule does not support the use of manual therapy directed towards the knee. As it is unclear whether manual manipulation would be included in the worker's chiropractic treatment, the appropriateness of the request cannot be determined. As such, the requested chiropractic services with modalities and exercises to the left knee 2x6 are not medically necessary or appropriate.