

Case Number:	CM13-0066450		
Date Assigned:	01/03/2014	Date of Injury:	09/08/2012
Decision Date:	05/28/2014	UR Denial Date:	11/15/2013
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 Board Certified in Family Practice 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 patient is a 45 year old male who was injured at work on 9/8/2012. He sustained injuries to his left thumb, his back and both knees. He is requesting a review of denial for six chiropractic treatments for his knee pain. There are medical records that include an evaluation of the patient's knee pain. These include an evaluation done on 9/12/2013. It states that the patient has bilateral knee pain. Physical examination demonstrated "crepitus" in both knees along with decreased range of motion. There was no mention of whether an effusion was present. There is no treatment plan indicated in the record. The patient underwent an Agreed Medical Examination on 11/11/2013 for his ongoing hand pain. As part of this evaluation it was noted that the patient had "Bilateral Knee Contusion (Resolved)."

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY: 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
MANUAL THERAPY AND MANIPULATION Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines address the use of chiropractic therapy for chronic pain syndromes. These guidelines (Page 58) state that manual therapy and manipulation is not recommended for chronic knee pain. Therefore, there is no medical justification for chiropractic therapy for this patients chronic knee pain.