

Case Number:	CM13-0068157		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2011
Decision Date:	04/15/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 employee was injured on 8/15/2011. The patient has requested postoperative chiropractic treatment (12 visits) and Terocin patch. She has a diagnosis of medial meniscal tear of the knee, degenerative joint disease and Chondromalacia patellae. She was approved for arthroscopic surgery following failed physical therapy, medications and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative chiropractic therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy and Manipulation Page(s): 58-59, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: Chiropractic treatment is not recommended for the knee. Post-surgical guidelines allow for physical medicine for the knee, however that would apply to physical therapy not chiropractic manual manipulation.