

Case Number:	CM13-0068739		
Date Assigned:	03/21/2014	Date of Injury:	10/11/2013
Decision Date:	05/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 Preventive Medicine 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:

According to the records made available for review, this is a 46-year-old male with a 10/11/13 date of injury. At the time (11/25/13) of request for authorization for chiropractic therapy x12 and MRI of the left knee, there is documentation of subjective (neck pain, left shoulder pain, and left knee pain with limited motion and worsened with activity) and objective (tenderness to palpation over the left upper, mid, and lower paravertebral and trapezius muscles; pain with cervical flexion and extension; tenderness to palpation over the left shoulder anterior rotator cuff, periscapular and trapezius areas; positive impingement and grind signs of the left shoulder; tenderness to palpation over the left knee medial joint line with positive McMurray's test) findings, current diagnoses (cervical spine strain, left rotator cuff tendinitis and impingement syndrome, and left knee internal derangement), and treatment to date (not specified). In addition, medical report identifies x-ray of the left knee is pending and there is documentation of plan identifying to start chiropractic therapy. Regarding the requested MRI of the left knee, there is no documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CHIROPRACTIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. MTUS additionally supports a trial of 6 visits, with evidence of objective functional improvement, total of up to 18 visits. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine strain, left rotator cuff tendinitis and impingement syndrome, and left knee internal derangement. In addition, there is documentation of a plan identifying to start chiropractic therapy. Furthermore, given documentation of subjective (neck pain, left shoulder pain, and left knee pain with limited motion and worsened with activity) and objective (tenderness to palpation over the left upper, mid, and lower paravertebral and trapezius muscles; pain with cervical flexion and extension; tenderness to palpation over the left shoulder anterior rotator cuff, periscapular and trapezius areas; positive impingement and grind signs of the left shoulder; tenderness to palpation over the left knee medial joint line with positive McMurray's test) findings, there is documentation of objective functional deficits and functional goals. However, the proposed number of sessions exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for chiropractic therapy x12 is not medically necessary.

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, MRI Section.

Decision rationale: The MTUS reference to ACOEM identifies documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs, as criteria necessary to support the medical necessity of MRI of the knee. The Official Disability Guidelines (ODG) identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI of the knee is indicated (such as: acute trauma to the knee, including significant trauma, or if suspect posterior knee dislocation or ligament or cartilage disruption; Nontraumatic knee pain; initial anteroposterior and lateral radiographs nondiagnostic; patellofemoral (anterior) symptoms; initial anteroposterior, lateral, and axial radiographs nondiagnostic; nontrauma, non-tumor, non-localized pain; or initial anteroposterior and lateral

radiographs demonstrate evidence of internal derangement), as criteria necessary to support the medical necessity of MRI of the knee. Within the medical information available for review, there is documentation of a diagnosis of left knee internal derangement. However, despite documentation of subjective (left knee pain) and objective (tenderness to palpation over the left knee medial joint line with positive McMurray's test) findings, and given documentation that x-ray of the left knee is pending; there is no documentation of an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, or clear signs of a bucket handle tear, as well as nondiagnostic radiographs. Therefore, based on guidelines and a review of the evidence, the request for MRI of the left knee is not medically necessary.