MAXIMUS Federal Services

Case Number:	CM13-0072621		
Date Assigned:	01/17/2014	Date of Injury:	12/08/2012
Decision Date:	05/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic Surgery has a subspecialty in Hand Surgery 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:

This claimant is a 45-year-old gentleman injured on December 8, 2012, in a work-related accident. The claimant acutely injured his left knee while performing customary job duties. The report of imaging studies available for review includes a left knee MRI that revealed an anterior cruciate ligament tear on January 4, 2013. Surgical arthroscopy and meniscectomy was performed on April 4, 2013, followed by a significant course of postoperative physical therapy. A clinical report dated November 20, 2013, documented subjective complaints of catching and instability of the left knee. Physical examination showed 0 to 120 degrees range of motion with no gross instability documented. The claimant was diagnosed with a left knee strain and possible internal derangement status post operative intervention. It is noted that this individual underwent a significant course of physical therapy, chiropractic treatments, and massage therapy following the April 2013 surgery. This request is for continuation of massage therapy once a week for six weeks, as well as continued chiropractic treatments for 18 additional sessions to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY OR CHIROPRACTIC TREATMENT 3 TIMES A WEEK FOR 6 WEEKS TO THE LEFT KNEE #18: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, chiropractic care for 18 sessions would not be supported in this case. Chronic Pain Guidelines specifically state that chiropractic intervention is not recommended for treatment of the knee for any diagnosis. In addition, the Chronic Pain Guidelines recommend that physical therapy can be used sparingly to help control swelling, pain, and inflammation during the rehabilitation process. There is no documentation to indicate that this claimant is experiencing a flare of symptoms in his chronic treatment. For that reason, this request would not be indicated.

MASSAGE THERAPY ONCE A WEEK FOR 6 WEEKS #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, continuation of massage therapy would not be indicated in this case. Chronic Pain Guidelines state that this form of treatment modality could be recommended with limited benefit for four to six sessions. Records indicate that this individual has already undergone more than six sessions of massage therapy previously. Its continued role in the claimant's postoperative course of care would not be supported.