

Case Number:	CM14-0001747		
Date Assigned:	01/22/2014	Date of Injury:	07/05/2010
Decision Date:	03/25/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/06/2014

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 Chiropractic, 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 57-year-old male who sustained injury on 07/05/2010 with an unknown mechanism of injury. Treatment history includes bilateral knee arthroscopic surgeries and Orthovisc injection in both knees in 07/2013. A clinic note dated 12/10/2013 documented the patient to have complaints of persistent bilateral knee pain and has worsened due to colder weather. Objective findings: Gait: Antalgic. Right knee range of motion: 0-90° (2 arthroscopic scars), peripatellar swelling. Left knee range of motion: 0-100°: Positive crepitus, slight peripatellar swelling (arthroscopic scars). No motor deficit, sensory of lower extremities intact. Lumbar spine range of motion: 90% of expected. Knee jerk 1+ bilaterally. Achilles jerk 1+ bilaterally. No motor deficit of the legs. Trendelenburg sign negative. The patient was diagnosed with bilateral knees arthropathy, postoperative left knee arthroscopy (11/10/2010), postoperative right knee arthroscopy (02/22/2011), and lumbar disc disease. Treatment plan was six (6) trial visits of chiropractic treatment for bilateral flaring knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions for the bilateral knees, QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: This employee had flare-up of bilateral knee and the provider requested 6 sessions of chiropractic treatment for the bilateral knee. According to the MTUS guidelines, the chiropractic treatment is not recommended for knee. Thus, the medical necessity has not established and the request is non-certified.