

Case Number:	CM14-0004497		
Date Assigned:	02/05/2014	Date of Injury:	06/21/2011
Decision Date:	08/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 39-year-old male whose date of injury is 06/21/11. On this date, the injured worker fell approximately eight feet while working as a forklift driver. Treatment to date includes left knee surgery on 05/07/12, acupuncture and medication management. Diagnosis is left knee internal derangement. Electrodiagnostic study (EMG/NCV) dated 05/29/13 is a normal study. A magnetic resonance imaging (MRI) of the left knee dated 06/18/13 revealed complex tear of posterior horn of medial meniscus with oblique component extending to the inferior articular surface and radial component.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic manipulation sessions: 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): 58-60.

Decision rationale: Based on the clinical information provided, the request for 12 chiropractic manipulation sessions is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for

review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examination and Consultation, page 127.

Decision rationale: Based on the clinical information provided, the request for pain management consultation is not recommended as medically necessary. There is no clear rationale provided to support the request at this time. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review. It is unclear how the consultation will aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work as required by ACOEM guidelines. Therefore the request is not medically necessary.