

Case Number:	CM14-0005726		
Date Assigned:	02/05/2014	Date of Injury:	10/07/2013
Decision Date:	09/05/2014	UR Denial Date:	12/27/2013
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 Chiropractics 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 available medical records, this is a 47 year old male with right knee pain, date of injury 10/07/2013. Previous treatments include medications, physical therapy, home exercises, chiropractic and physiotherapy. Progress report dated 12/11/2013 by the treating doctor revealed pain (3-5/10) with all knee movements accompanied by bilateral swelling in right knee. Exam noted 80% decreased extension motion in the right knee, 90% right knee flexion, swelling inside of knee with movement, inflammation as well as mild tenderness (+2/4) in the medial aspect of right knee. Diagnoses included medial meniscus tear of right knee, knee pain, knee edema, knee segmental dysfunction. Treatment plan include chiropractic manipulation of the thoracic and lumbar spine, mobilization of the right knee, therapeutic strengthening exercises, physiotherapy in the form of Ultrasound and Cold Laser, 2x weekly for 3 week. The patient remained on temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSIOTHERAPY (CHIRO) IN THE FORM OF ULTRASOUND AND COLD LASER 2X3 RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC OFFICIAL DISABILITY GUIDELINES, INTEGRATED TREATMENT/ DISABILITY DURATION GUIDELINES PAIN (ACUTE & CHRONIC), MANUAL THERAPY & MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain page 57. Low-level Laser Therapy (LLLT). Not recommended. Chronic Pain Page 123. Ultrasound, therapeutic. Not recommended Page(s): 57; 123.

Decision rationale: The patient has had chiropractic treatment since 11/06/2013 with mobilization, ultrasound and Cold Laser to right knee; however, there is no evidence of objective functional improvement. Ultrasound and Cold Laser (LLLT) are not recommended by California MTUS guidelines for the treatment of knee pain either. Therefore, the request for additional physiotherapy in the form of Ultrasound and Cold Laser 2x3 for the right knee is not medically necessary.