

Case Number:	CM14-0009047		
Date Assigned:	02/12/2014	Date of Injury:	10/15/2010
Decision Date:	06/24/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/21/2014

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 licensed 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 56 year old female who was injured on 10/15/2010. She reports she was running to get a kid to safety from the street as she fell to her knees on the street. The patient underwent a right knee arthroscopy and was provided with the appropriate postoperative therapy. PR2 dated 12/18/2013 states the patient complains of increased pain to the right knee swelling and pain. Also complains of pain and swelling of the left knee. On exam, there is tenderness to palpation and swelling of the right knee. Diagnosis is pain in the joint of the lower leg. The treatment and plan includes chiropractic therapy twice a week for 6 weeks. QME Supplemental Report dated 08/03/2014 states the patient reported improvement in her right knee symptoms following her right knee arthroscopy indicating the right knee felt more stable and did not pop. The patient reports pain with ambulation, ascending and descending steps, crouching, squatting, and kneeling. On physical examination, the patient was able to squat approximately 35% to 40% of the way down. There is some patellofemoral crepitus on the right; however, the knee is stable to valgus and varus stress. Lachman's maneuver, anterior and posterior drawer and McMurray's tests are negative bilaterally. There is some minimal tenderness as well as swelling above the patellar region. Prior UR dated 01/08/2014 states the request for chiropractic therapy twice a week for 6 weeks is not certified as treatment guidelines do not support chiropractic therapy for knee injuries.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY TWO TIMES PER WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 369, Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDLEINES, MANUAL THERAPY A.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: Per the MTUS guidelines for manual therapy: Ankle &Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Chiropractic treatment to the knee is not recommended, therefore, decision for Chiropractic care 2x week for 6 weeks is not medically necessary.