MAXIMUS Federal Services

| Case Number: | CM14-0103775 | | |
|---|---|---|---|
| Date Assigned: | 09/16/2014 | Date of Injury: | 11/08/2010 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

## 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 Interventional Spine 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 39 year old female with date of injury 11/8/10. The treating physician report dated 5/24/14 indicates that the patient presents with pain affecting the right knee status post-surgical repair. The physical examination findings reveal right knee tenderness, mild to moderate, with active and passive movement. No signs of infection. MRI of the right knee dated 9/3/13 states increased signal intensity posterior horn of the medial and lateral menisci, tricompartmental osteoarthritic changes and anterior cruciate ligament tear. The current diagnoses are: 1.Right knee injury status post-surgical repair2.Lumbar spine trauma3.Bilateral hip sprain4.insomnia5.Anxiety and depression6.Diabetes Mellitus7.HypertensionThe utilization review report dated 6/30/14 denied the request for 8 chiropractic sessions and recommended authorization of one re-evaluation based on the MTUS guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 CHIROPRACTIC VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The patient presents with continued right knee pain following right knee arthroscopy, meniscectomy, synovectomy and chrondroplasty on 10/26/12. The current request is for 8 CHIROPRACTIC VISITS. The treating physician states in the 5/24/14 report, "The patient is to continue a course of chiropractic physiotherapy to the injured areas." The MTUS guidelines clearly state that manual therapy/manipulation is not recommended for the knee. The treating physician in this case does state that physiotherapy is what is being prescribed and is to be performed by a chiropractor. While the treating physician may have meant to be requesting authorization for physical medicine (physical therapy/physiotherapy) 8 sessions, the current request remains 8 chiropractic visits. The MTUS guidelines do not support chiropractic manipulation of the knee, therefore the recommendation is for denial.

**1 RE-EVALUATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DSABILITY GUIDELIENS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online Pain chapter

**Decision rationale:** The patient presents with continued right knee pain following right knee arthroscopy, meniscectomy, synovectomy and chrondroplasty on 10/26/12. The current request is for one re-evaluation. The treating physician report dated 5/24/14 indicates that the patient is being prescribed Naproxen, Flexeril and Protonix. The treating physician states, "The patient is to return for a follow up in one month." The MTUS guidelines do not address re-evaluations. The ODG pain chapter regarding office visits recommends visits as determined to be medically necessary with no specific quantity of visits recommended per diagnosis but rather the determination is made based on the patients concerns, symptoms, stability and need for monitoring of medications. In this case the treating physician has documented that the patient's condition warrants a follow up evaluation and the California Labor Code does support re-examination every 45 days. Recommendation is for authorization.