

Case Number:	CM14-0104152		
Date Assigned:	09/16/2014	Date of Injury:	03/30/2012
Decision Date:	11/12/2014	UR Denial Date:	06/24/2014
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, 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 underlying date of injury in this case is 3/3/2012. The Utilization Review under appeal is dated 3/31/2014. The treatment under review at that time was chiropractic to the bilateral knees. The mechanism of injury is noted to be a fall from a chair with a reported right knee injury. Extremely limited clinical information is available regarding this review. A prior physician review notes that the patient has a diagnosis of degenerative joint disease of the knees and that the patient does not have a diagnosis for which chiropractic is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy: 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.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation states that this treatment is not recommended for the knee. The available medical records are very limited and do not clearly provide a rationale for chiropractic treatment to the knee. This request is not

supported by the guidelines, particularly given the very limited medical records available to explain the rationale and goals of this request. Overall, this request is not medically necessary.