

Case Number:	CM14-0106924		
Date Assigned:	08/01/2014	Date of Injury:	07/22/2012
Decision Date:	10/09/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/10/2014

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 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:

Patient is a 54 year old male who sustained injuries to multiple body parts and his knees on 7/22/2012. The focus of this review is the left knee injury. The patient injured his left knee while performing his duties as a construction worker. The patient is status post left knee surgery (meniscectomy). The AME report states "The applicant reports constant dull/achy in bilateral knees, left greater than right that varies in intensity. He reports swelling, stiffness and crepitations." The patient has been treated with medications, surgery and chiropractic care (6 initial sessions). The diagnoses assigned by the PTP for the knees are bilateral patella-femoral arthralgia, medical compartment DJD, grade III medical meniscus tear (status post-surgery). An MRI study of the left knee has confirmed the meniscus tear. The PTP is requesting 8 sessions of chiropractic care to the left knee with exercises, modalities, manipulation and myofascial release. The carrier's UR department has modified the request and authorized 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation treatments with exercises, modalities, manipulation and myofascial release # 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines recommend 12 sessions of physical medicine therapy post meniscectomy. The patient has received 6 sessions of chiropractic care post surgery already. Therefore, per MTUS only 6 additional sessions are warranted. The UR department has modified the requested 8 sessions and authorized 6 sessions. The 8 sessions of chiropractic care to the left knee with exercises, modalities, manipulation and myofascial release is not necessary and appropriate.