

Case Number:	CM14-0013712		
Date Assigned:	02/26/2014	Date of Injury:	09/11/2012
Decision Date:	09/19/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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:

The patient is a 52 year old female born on 10/04/1961. On 03/20/2012, while working as a sewer, she slipped and fell in the restroom at work. She reports pain in her knees, back and hands following this injury. She presented for orthopedic consultation on 12/04/2013 with complaints of bilateral hand and bilateral knee pain since a slip and fall injury on 03/20/2012. She reported prior treatment of 2 injections into the right middle finger for trigger finger with no relief and some therapy mainly to the neck and back, without significant relief from any treatment. Regarding the knees, she complained mainly of anterior knee pain, right greater than left, pain worse with any kneeling or squatting activities and painful with prolonged walking. Right knee examination was negative for swelling, deformity, effusion, bone or joint misalignment. Right knee pain was rated 8/10 with tenderness to palpation to the medial and lateral patellar facet, mild tenderness to palpation of the medial joint line, no pain with ROM, the joint was stable and tracked well with ROM, with no instability with manipulation or weight bearing. Right lower extremity motor strength 5/5, normal sensation, and right lower extremity DTRs normal. Left knee examination was negative for swelling, deformity, effusion, bone or joint misalignment. Left knee pain was rated 8/10 with tenderness to palpation to the medial and lateral patellar facet, mild tenderness to palpation of the medial joint line, no pain with ROM, the joint was stable and tracked well with ROM, with no instability with manipulation or weight bearing. Left lower extremity motor strength 5/5, normal sensation, and left lower extremity DTRs normal. Regarding her knees, she was diagnosed with bilateral patellofemoral syndrome and bilateral knee osteoarthritis. Chiropractic therapy for bilateral knees for patellofemoral syndrome at a frequency of 2 times per week for 6 weeks was recommended. There is a request for 12 chiropractic treatments to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The MTUS Chronic Pain Guidelines does not support the request for chiropractic treatment of knee complaints. The MTUS Chronic Pain Guidelines reports manual therapy and manipulation are not recommended in the treatment of knee complaints. As such, the request is not medically necessary and appropriate.