

Case Number:	CM14-0110237		
Date Assigned:	08/01/2014	Date of Injury:	07/03/2013
Decision Date:	10/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/15/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 62-year-old female with a 7/3/13 date of injury, when she was washing dishes and turned and twisted her right knee. The patient underwent right knee arthroscopy on 12/9/13. The patient was seen on 6/20/14 with complaints of 8/10 frequent, sharp, throbbing right knee pain. Exam findings of the right knee revealed pain over the medial and lateral side, tenderness over the patella and grinding noted with range of motion. The DTRs were 2+ in bilateral lower extremities, sensation was intact and motor strength was 5/5 in bilateral lower extremities. The diagnosis is right meniscus tear and lumbago. Treatment to date: 12 PT sessions, work restrictions and medications. An adverse determination was received on 7/3/14 given that the manipulation for knee complaints was not supported due to the Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2 times 4 with Laser: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Manipulation

Decision rationale: CA MTUS does not address chiropractic treatment of the knee. ODG states manipulation of the knee and leg is not recommended; there are no studies showing that manipulation is proven effective for patients with knee and leg complaints. The patient underwent the right knee arthroscopy in 2013 and she accomplished 12 sessions of PT. There is a lack of documentation indicating objective or objective functional gains from the treatment. In addition, it is not clear why there is a need for the chiropractic treatment at the time given, that the patient's injury was over a year ago. Lastly, the Guidelines do not support chiropractic treatments for the patients with knee and leg problems. Therefore, the request for Chiropractic Treatment 2 times 4 with Laser was not medically necessary.