

Case Number:	CM14-0127592		
Date Assigned:	08/15/2014	Date of Injury:	05/01/2012
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 53-year-old injured in a work-related accident on 5/1/12. The clinical records available for review include a request for left knee arthroscopy and partial medial meniscectomy. The claimant continued to have knee pain despite conservative care with physical examination showing mechanical symptoms. Prior conservative treatment had included chiropractic care, acupuncture, and physical therapy. Physical examination findings to the knee demonstrated positive McMurray testing, 5-/5 strength, and 0-120 degrees of motion. As stated, a left knee arthroscopy and partial medial meniscectomy was recommended for further operative intervention. There is a post-operative request in this case for chiropractic care to be performed post-operatively in relationship to the claimant's left knee arthroscopy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op chiropractic therapy left knee: 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 and manipulation Page(s): 58-59.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, post-surgical treatment with chiropractic measures is not supported. Presently, chiropractic management is not recommended for joints including the knee according to the Chronic Pain guidelines. There would be no acute indication for chiropractic measures in the post-surgical setting or for use in the setting of a knee injury. The request in this case would not be supported as medically necessary.