

Case Number:	CM14-0136053		
Date Assigned:	09/03/2014	Date of Injury:	03/10/2006
Decision Date:	11/03/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/23/2014

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 licensed in Chiropractic, has a subspecialty in Chiropractic Sports Physician 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 injured worker is a 58-year-old female who was injured on 3/10/06 by an unknown mechanism of injury. The diagnoses are Knee strain/sprain and lumbar spine strain/sprain. She has been treated with an unknown amount of physical therapy, medications, chiropractic as well as a right knee brace. The records did not indicate results of any diagnostic testing to include MRI's or EMG/NCV studies of the knee and low back. The injured worker is still TTD as far as work is concerned according to the records. The Functional Capacity Evaluation on 4/11/14 indicated that she was not able to perform the job duties required of her job. The doctor is requesting chiropractic treatment of 3 times per week for 4 weeks or 12 treatments total for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x a week for 4 weeks (3 x 4) for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: According to the MTUS Chronic Pain Guidelines chiropractic manipulation is not recommended to the knee. Also the amount of previous care and the objective measurable gains in functional improvement have not been documented. Therefore the request is not medically necessary.