

Case Number:	CM14-0145941		
Date Assigned:	09/12/2014	Date of Injury:	11/03/2012
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 male who sustained an injury to his left shoulder, low back and left knee on 11/3/2012. The PTP's progress report states that the subjective complaint is left knee pain. Patient has been treated with medications, physical therapy, acupuncture and chiropractic care. An MRI study of the left knee has revealed a meniscal tear. An EMG/NCV study of the bilateral lower extremities has revealed a normal study. Diagnoses assigned by the PTP are left knee meniscus tear. The PTP is requesting 12 sessions of chiropractic care to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Three time a week time four weeks, Left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, manipulation Section Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions page 1

Decision rationale: The patient has a meniscus tear in his left knee confirmed by an MRI study per the records reviewed. However, the records do not reveal any evidence of surgery. Surgery

has been requested according to the records but not yet provided. The Non-MTUS, ODG Knee chapter does not recommend manipulation to the knee. This is a surgical case. I find that the 12 sessions of chiropractic care to the left knee to not be medically necessary and appropriate.