

Case Number:	CM14-0154000		
Date Assigned:	09/24/2014	Date of Injury:	11/01/2012
Decision Date:	10/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation 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 60 year-old laborer sustained a twisting injury to the right knee on 11/1/12 while employed by [REDACTED]. Request(s) under consideration include Chiropractic physiotherapy 2-3 X wk X6 weeks. Diagnoses include right knee medial collateral sprain s/p right knee arthroscopy with subtotal medial meniscectomy, medial chondroplasty of femoral and tibial condyles, and plica resection. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 7/30/14 from the provider noted the patient with right shoulder pain resolved with continued ongoing right knee pain. Exam reported as right knee sprain/strain. Treatment included 18 chiropractic care with medication refills and UDS. Report of 8/4/14 from the provider noted the patient with mild shoulder complaints and right knee pain rated at 7/10 with numbness and cramping. Exam showed right knee with tenderness to palpation along anterior knee and superior border of patella; range of flex/ext of 130/0 degrees with pain on valgus/varus stress and patella compression testing; normal sensory, motor and reflexes in bilateral lower extremities. The request(s) for Chiropractic physiotherapy 2-3 X wk X6 weeks was non-certified on 8/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy 2-3 X wk X6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Physical Therapy Page(s): 58-60, 98-99.

Decision rationale: This 60 year-old laborer sustained a twisting injury to the right knee on 11/1/12 while employed by [REDACTED]. Request(s) under consideration include Chiropractic physiotherapy 2-3 X wk X6 weeks. Diagnoses include right knee medial collateral sprain s/p right knee arthroscopy with subtotal medial meniscectomy, medial chondroplasty of femoral and tibial condyles, and plica resection. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 7/30/14 from the provider noted the patient with right shoulder pain resolved with continued ongoing right knee pain. Exam reported as right knee sprain/strain. Treatment included 18 chiropractic treatments with medication refills and UDS. Report of 8/4/14 from the provider noted the patient with mild shoulder complaints and right knee pain rated at 7/10 with numbness and cramping. Exam showed right knee with tenderness to palpation along anterior knee and superior border of patella; range of flex/ext of 130/0 degrees with pain on valgus/varus stress and patella compression testing; normal sensory, motor and reflexes in bilateral lower extremities. The request(s) for Chiropractic physiotherapy 2-3 X wk X6 weeks was non-certified on 8/19/14. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury; however, does not recommend chiropractic care for the knee. The intended goal of chiropractic therapy is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From records review, it is unclear how many sessions have been completed. It is unclear how many chiropractic physiotherapy sessions the patient has received for this 2012 injury; however, the patient continues with chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The Chiropractic physiotherapy 2-3 X wk X6 weeks is not medically necessary and appropriate.