

Case Number:	CM14-0164408		
Date Assigned:	10/09/2014	Date of Injury:	02/25/2009
Decision Date:	12/05/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 has a history of right total knee replacement and left total knee replacement. Date of injury was 02-25-2009. Mechanism of injury was trip and fall. The patient has completed physical therapy in the past. Right knee total knee replacement was performed on 5/13/11. Left knee total knee replacement was performed on 9/11/12. The progress report dated 5/2/14 documented subjective complaints of intermittent pain in both knees. Objective findings included surgical scars on bilateral knees, bilateral knee stiffness, painful and limited range of motion, and ambulation with a cane. Diagnosis was status post bilateral total knee replacements. Treatment plan included Tramadol. The doctor's first report of occupational injury dated 8/26/14 documented the subjective complaint of right knee pain rated 7/10. On physical examination, motor strength was 4/5 in the lower extremities. Tenderness to palpation was noted at the left lateral knee, right patella, and right medial knee. Range of motion of both knees was 0 - 120 degrees. The treatment plan included a request for chiropractic physiotherapy three times per week for four weeks. Utilization review determination date was 9/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine Page(s): 58; 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chiropractic treatment; Manual therapy & manipulation Page(s): 30; 58-60.

Decision rationale: Per MTUS guidelines, chiropractic treatment is not recommended for knee conditions (page 58). Medical record documents that the patient has a history of bilateral total knee replacement surgeries. Right knee total knee replacement was performed on 5/13/11. Left knee total knee replacement was performed on 9/11/12. The patient has completed physical therapy in the past. The progress report dated 5/2/14 documented subjective complaints of intermittent pain in both knees. Objective findings included surgical scars on bilateral knees, bilateral knee stiffness, painful and limited range of motion, and ambulation with a cane. Diagnosis was status post bilateral total knee replacements. The doctor's first report of occupational injury dated 8/26/14 documented the subjective complaint of right knee pain rated 7/10. On physical examination, motor strength was 4/5 in the lower extremities. Tenderness to palpation was noted at the left lateral knee, right patella, and right medial knee. Range of motion of both knees was 0 - 120 degrees. The treatment plan included a request for chiropractic physiotherapy three times per week for four weeks. Medical records dated 5/2/14 and 8/26/14 document that the patient has symptoms and physical examination findings associated with the bilateral knees. Per MTUS guidelines, chiropractic treatment is not recommended for knee conditions. Therefore, the request for chiropractic treatment for the bilateral knee conditions is not supported by MTUS guidelines. Therefore, the request for Chiropractic/physiotherapy 6 visits is not medically necessary.