

Case Number:	CM14-0169951		
Date Assigned:	10/20/2014	Date of Injury:	08/12/2014
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/15/2014

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 Virginia. 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 31-year-old male who reported an injury due to repetitive bending, squatting, and kneeling on 08/12/2014. On 09/24/2014, his diagnoses included internal derangement of knee. His complaints included intermittent left knee pain which increased with squatting and kneeling and intermittently when walking. He had tingling/numbness of the medial thighs and lower legs 1 to 2 days per week. He had full range of motion of both knees. Bounce home and McMurray's tests were positive. He had tenderness to palpation of the medial and lateral joint line of the left knee. Patellar and Achilles reflexes were 2+. His sensation and motor strength were intact in his lower extremities. The treatment plan included 6 sessions of chiropractic therapy. On 10/14/2014, it was noted that an MRI of the left knee had been approved, but had not taken place yet. There was no documentation of medications or other forms of conservative care included in the submitted documentation. There was no rationale included in this worker's chart. A Request for Authorization dated 09/29/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Chiropractic treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Chiropractic treatment to the knee is not recommended by the guidelines. The body part or parts to have been treated were not included in this request. Additionally, a time frame for the 6 requested treatments was not included. Therefore, this request for 6 chiropractic treatments is not medically necessary.