

Case Number:	CM14-0174304		
Date Assigned:	10/24/2014	Date of Injury:	03/16/2012
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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 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:

According to the available medical records, this is a 48 year old male with chronic right shoulder and bilateral knees pain, date of injury is 03/16/2012. Previous treatments include medications, surgeries on knees, chiropractic, physical therapy, and home exercises program. Progress report dated 07/15/2014 by the treating doctor revealed patient complains of knees pain, continue post-operative PT (physical therapy). Objective findings include NCS with lower extremity mild sensory findings, mild motor abnormalities, bilateral upper extremities ulnar neuropathy, early carpal tunnel, radiculopathy, MRI: left knee complete tear ACL with medial and lateral meniscal tears, right shoulder for 8.6mm separation of the AC joint with tenosynovitis and impingement, right knee medial meniscal tear. Diagnoses include post-surgical of left and right knee, shoulder impingement with tendinitis, right chest pain, right hand CTS (carpal tunnel syndrome), headaches, Psych, sexual dysfunction, and sleep disorder. The patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Surgical Chiropractic Therapy (2) Two Times a Week for (6) Weeks Right Shoulder, Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Manipulation, Chiropractic Guidelines

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

Decision rationale: The claimant presents with chronic right shoulder and bilateral knee pain that required treatments with medications, surgeries of both knees, post-op physical therapy, and home exercises. Reviewed of the available medical records showed the claimant has been receiving post-operative physical therapy for his knees. In addition, MTUS guidelines do not recommend chiropractic treatment for the knees. Therefore, the request for 12 post-surgical chiropractic treatments for the right shoulder and bilateral knees is not medically necessary.