

Case Number:	CM14-0177456		
Date Assigned:	10/30/2014	Date of Injury:	06/12/2014
Decision Date:	12/08/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/27/2014

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 a licensed Chiropractor 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 54 year old male with right knee pain, and date of injury of 06/12/2014. Previous treatments included knee support, medications, home exercises, and physical therapy. A progress report dated 10/08/2014 by the treating doctor revealed the patient with constant right knee pain, 5-8/10 on pain scale, swelling, popping, grinding, weakness and give-way, numbness behind right knee extending up leg to buttock and medially up to groin with pain, constant right lower leg/tibia pain 2-10/10 on pain scale, tingling/numbness from knee down to toes. Objective findings include visible large knot on the right distal shin anteriorly, size of a golf ball, decreased dermatomes right L4, unable to perform heel/toe walk, positive patellar grinding and McMurray's, decreased motor strength: right knee extension 3/5, flexion 4/5, right knee meniscus and patellar tendon tender to palpation. Diagnoses include medial meniscal tear, chondromalacia patella, and right distal leg contusion. The patient returned to modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (CMT) 6 sessions, 3 x 2 (right knee): Upheld

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

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

Decision rationale: The claimant presents with ongoing right knee pain despite previous treatments with medication, physical therapy, bracing and home exercises. The current MTUS guidelines do not recommend chiropractic (CMT) treatments for the knee; therefore, the request for 6 chiropractic (CMT) for this claimant's right knee is not medically necessary.