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| Case Number: | CM14-0184972 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 08/14/2001 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 injured worker (IW) is a 61-year-old man with a date of injury of August 14, 2001. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated September 29, 2014, the IW complains of left knee pain rated 6-7/10 in intensity. The IW presents utilizing a non-hinged knee brace over the left knee. He reports that he is experiencing some instability over the left knee while ambulating. Physical examination revealed no obvious scars, deformities, atrophy or edema observed. Knee range of motion (ROM) revealed an active extension to 0 degrees. He was unable to reach active flexion of 120 degrees; however, the endpoint in the ROM did elicit pain and discomfort over the medial aspect of the left knee. The IW had negative anterior and posterior drawer tests, and negative McMurray's test. The IW was mildly tender to palpation over the medial patellofemoral joint space. There was gross crepitus observed upon palpation of the left knee as it was passively flexed and extended. The IW was diagnosed with status post knee arthroscopy on January 9, 2002; left knee internal derangement clinically; and left knee pain. The IW was not currently using any medications. The provider is requesting authorization for chiropractic and physiotherapy of the left knee 3 times a week for 4 weeks. Documentation indicates that the IW has undergone 12 sessions of therapy and is requesting more in order to improve his functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chirophysiotherapy left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Physical Therapy, Knee Chiropractic Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, Chiro-physiotherapy to the left knee is not medically necessary. The ODG Preface states patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or a negative direction (prior to continuing with physical therapy). In this case, the injured worker underwent 12 physical therapy visits. The injured worker alleges some instability over the left knee while ambulating. Physical examination did not disclose any instability. Diagnoses were status post left knee arthroscopy on January 9, 2002, left knee internal derangement (clinically) and left knee pain. The injured worker was not currently utilizing any medications. There is nothing in the medical record to suggest a diagnosis of internal derangement (based on physical examination) and there was no objective functional improvement documented in the medical record as a consequence of the initial physical therapy. Consequently, additional Chiro-physiotherapy is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Chiro-physiotherapy is not medically necessary.