

Case Number:	CM14-0185339		
Date Assigned:	11/10/2014	Date of Injury:	09/15/2013
Decision Date:	12/18/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in Acupuncture 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 is a 57-year-old male with a date of injury of 9/15/2013. According to the progress report dated 8/18/2014, the patient complained of right knee pain. The patient noted swelling, giving way, and buckling. The pain level was 6-8/10 and was described as moderate to severe, constant, dull, sharp, ache, soreness, and weakness. Significant objective findings included tenderness over patellar tendon, peripatellar, medial joint line, and lateral joint line. Flexion was 110 degrees. Grind test, crepitus, and McMurray's test was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The MTUS guideline recommends manipulation for chronic pain. However, the guidelines do not recommend manipulation for the knee. Therefore, the provider's request for 12 chiropractic sessions is not medically necessary.