

Case Number:	CM14-0023061		
Date Assigned:	05/12/2014	Date of Injury:	07/18/2008
Decision Date:	07/10/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	02/24/2014

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 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:

According to the available medical records, this is a 37 year old male patient with chronic left knee pain, date of injury 07/18/2008. Previous treatments include medications, injections, surgeries, physical therapy, chiropractic and acupuncture. Doctor's first report dated 11/12/2013 by the current treating doctor revealed left knee pain with severely antalgic gait with the use of a single point cane, he was wearing an ACE wrap around his left knee. Left knee ROM is 0-90 degrees, no painful patellofemoral crepitus with motion, no patellar instability, positive McMurray's test. There is 2+ popliteal pulse, Tender to palpation at the medial and lateral joint line. There is severe atrophy of the left quadriceps. X-rays showed moderate lateral degenerative joint disease and osteopenia. Diagnoses include post Anterior Cruciate Ligament (ACL) repair, chronic left knee pain, hepatitis C and osteopenia.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT CHIROPRACTIC PHYSIOTHERAPY SESSIONS: Upheld

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

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

Decision rationale: AS per MTUS Guidelines, Elective/maintenance care - Not medically necessary. It is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. For Low back, recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Ankle & Foot: Not recommended, Carpal tunnel syndrome: Not recommended, Forearm, Wrist, & Hand: Not recommended, Knee: Not recommended. Therefore, the request for eight chiropractic physiotherapy sessions for this patient chronic left knee pain is not medically necessary and appropriate in accordance to MTUS Guidelines.