

Case Number:	CM14-0024980		
Date Assigned:	06/11/2014	Date of Injury:	07/12/2013
Decision Date:	07/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 47-year-old female patient with chronic right knee and ankle pain, date of injury 07/12/2013. Previous treatments include over the counter medications, chiropractic, physiotherapy and therapeutic exercises. The progress report dated 12/03/2013 by the treating doctor revealed ongoing constant/frequent, moderate to severe right knee pain in the peripatella area, and constant/frequent, moderate to severe pain and weakness in the right ankle. The exam revealed moderate palpable tenderness on the peripatella area, decreased range of motion in extension and flexion, positive McMurray's and Valgus test. Moderate to severe palpable tenderness, decreased swelling in the lateral malleolus, slightly improved range of motion, positive Lat/Med Stability. The diagnoses include right knee joint effusion and sprain/strain, right ankle sprain/strain. The patient remained on temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic care and physiotherapy - three (3) times a week for two (2) weeks. If claimant continues to improve, continue treatment three (3) times a week for two (2) weeks, totaling twelve (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

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

Decision rationale: The CA MTUS guidelines recommended manual therapy 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 Mmdicine 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. However, the CA MTUS guidelines do not recommend chiropractic treatments for knee and ankle pain. In this case, this patient has had 19 chiropractic treatments from 08/19/2013 to present with no evidence of objective functional improvements. Since the request is not inaccordance with the MTUS guidelines; therefore, the request for additional chiropractic treatments is not medically necessary.