

Case Number:	CM14-0026154		
Date Assigned:	06/13/2014	Date of Injury:	06/02/2006
Decision Date:	12/12/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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:

The patient is a 76 year old male who was injured on 06/02/2006 when he fell down injuring his right elbow, right hip and right knee. The patient underwent left knee arthroscopic medial and lateral meniscectomy on 06/24/2011. The patient has had 24 sessions of physical therapy in the past and 6 trial sessions of chiropractic treatment. The patient was seen on 03/21/2014 for complaints of bilateral knee pain. On exam, there is diffuse tenderness of bilateral knees but no effusion. There is severe medial narrowing in lateral compartments with quadriceps tendinosis. The patient is diagnosed with bilateral knee osteoarthritis and has been recommended for 6 sessions of chiropractic therapy. Prior utilization review dated 02/13/2014 states the request for Chiropractic Treatment 6 Visits for Bilateral Knees is not authorized as there is a lack of documented functional improvement from previous sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 6 VISITS FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

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

Decision rationale: The patient is a 76 year old male who was injured on 06/02/2006 when he fell down injuring his right elbow, right hip and right knee. The patient underwent left knee arthroscopic medial and lateral meniscectomy on 06/24/2011. The patient has had 24 sessions of physical therapy in the past and 6 trial sessions of chiropractic treatment. The patient was seen on 03/21/2014 for complaints of bilateral knee pain. On exam, there is diffuse tenderness of bilateral knees but no effusion. There is severe medial narrowing in lateral compartments with quadriceps tendinosis. The patient is diagnosed with bilateral knee osteoarthritis and has been recommended for 6 sessions of chiropractic therapy. Prior utilization review dated 02/13/2014 states the request for Chiropractic Treatment 6 Visits for Bilateral Knees is not authorized as there is a lack of documented functional improvement from previous sessions.