

Case Number:	CM14-0027380		
Date Assigned:	06/16/2014	Date of Injury:	02/15/2009
Decision Date:	07/25/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/04/2014

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 63 years old female patient with chronic right knee pain with compensatory neck and low back pain, date of injury 02/15/2009. Previous treatments include knee braces, medications, physical therapy, pool therapy, acupuncture, TENS, right total knee replacement, home exercise program and right knee manipulation under anesthesia. Hand written progress report dated 01/17/2014 by the treating doctor is very difficult to read, I can only noted patient continue to complaint of right knee pain increased to severe pain, with diagnoses to include cervical sp/st, right totalled knee replacement, lumbar sp/st. Patient is recommended right knee M.U.A, continue OTC meds, home exercise and TENS. Patient to remain on temporarily totally disabled until 4/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Reviewed of the available medical records do not show this patient with a history of lower back injury, neither does she is having a chronic low back pain. While this patient chief complaint is right knee pain and CA MTUS do not recommend chiropractic treatment for knee pain. The request for chiropractic 6x is not medically necessary in this case.