

Case Number:	CM14-0029401		
Date Assigned:	03/19/2014	Date of Injury:	11/20/2012
Decision Date:	05/29/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/07/2014

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:

The patient is a 33-year-old male who experienced an industrial injury on 11/20/2012 when he was walking down a ramp, caught the bottom of his heel on some pallet wood, twisted his knee, and fell to the ground. He reported immediate knee pain and low back pain developed the next day. MRI of 12/06/2012 revealed medial meniscus posterior horn tear. He has a history of arthroscopic surgery and 20 visits of physical therapy. The patient presented for chiropractic care on 02/03/2014 with complaints of left knee and lower back pain. By examination lumbar flexion, extension, and lateral bending were decreased; upper and lower extremity deep tendon reflexes, strength, and sensation were normal; and segmental dysfunction was noted at L4. The patient was diagnosed with 717.40 (unspecific derangement of lateral meniscus) and 724.20 (L/S pain). There is a request for 12 chiropractic treatment sessions at a treatment frequency of 2 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC THERAPY, 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines supports a 6-visit trial of manual therapy and manipulation over 2 weeks, with evidence of objective functional improvement a total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. In this case, there is no evidence of patient improvement with a 6-visit treatment trail, therefore, the request for 12 chiropractic treatment sessions exceeds guidelines recommendations and is not supported to be medically necessary and appropriate.