

Case Number:	CM14-0036000		
Date Assigned:	06/23/2014	Date of Injury:	04/01/2011
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/24/2014

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 Board Certified in Physical Medicine and Rehabilitation 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:

This is a patient with a date of injury of April 1, 2011. A utilization review determination dated February 25, 2014 recommends noncertification for 12 sessions of occupational therapy with chiropractic manipulative therapy for the bilateral knees and right thigh. A consultation dated January 14, 2014 identifies subjective complaints of sharp left knee pain which radiates to the ankle and calf. Physical examination identifies tenderness over the medial and lateral joint line and patellar tendon of the left and right knees. There is also crepitus present on the left knee. There is decreased sensation in the left L4 and S1 distribution and decreased range of motion in the left knee. The current diagnosis is internal derangement of the left knee. The treatment plan recommends left knee arthroscopy since the patient has not responded to time, activity modification, and medication. Additionally, 12 visits of postoperative physical therapy are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Occupational therapy with Chiropractic Manipulative Therapy for the Bilateral Knees and Right Thigh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to state that manual therapy and manipulation are not recommended for treatment of the knee. Additionally, it appears that surgery is being recommended for internal derangement of the patient's knee. As such, the current request for 12 sessions of occupational therapy with chiropractic manipulative therapy for the bilateral knees and right thigh is not medically necessary.