

Case Number:	CM14-0049952		
Date Assigned:	07/07/2014	Date of Injury:	02/06/2012
Decision Date:	10/08/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 licensed in Chiropractic care 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 injured worker is a 54-year-old female with reported date of injury on the 02/06/2012, the mechanism of injury is listed as while trying to get a box from above her head the box fell right on top of her. Immediately after, she felt dizzy, weak, and nervous. She reported in orthopedic consultation on 01/07/2014 during her course of employment she sustained injury to her left knee. In preoperative (left knee arthroscopic procedure) orthopedic consultation on 01/07/2014, she presented with a history of a left knee problem. The patient was seen in follow-up on 02/12/2014, status post left knee medial meniscus repair surgery on 01/11/2014. The patient continued with pain in the left knee. The provider recommended chiropractic evaluation and treatment to the left knee at a frequency of 1 time per week for 4 weeks. The PR-2 of 02/24/2014 reports the patient was status post left knee medial meniscus repair surgery on 01/11/2014. The provider reported, "To date, she has received 27 sessions of physical therapy, 26 sessions of chiropractic treatment and 16 sessions of acupuncture from this facility." The patient reported complaints of severe pain in the left knee, and she ambulated with use of crutches. By examination, inspection revealed 2 butterfly bandages, one at the medial and the other at the lateral aspect of the joint; slight edema noted with no signs of Frank infection, palpation revealed tenderness over the joint, range of motion revealed flexion of 70 to 80 and extension of 0 with complaints of pain in all planes, McMurray's test negative, and Valgus/varus stress test questionable. Knee diagnoses were noted as left knee contusion/sprain, left knee medial meniscal tear, left knee tricompartmental chondromalacia, left knee status post medial meniscus tear repair surgery, right knee pain compensable consequence, and degenerative joint disease bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic sessions in the treatment of this patient's left knee is not supported to be medically necessary. The report of 02/24/2014 notes, "To date, she has received 27 sessions of physical therapy, 26 sessions of chiropractic treatment and 16 sessions of acupuncture from this facility." The documentation does not provide evidence of efficacy with chiropractic care already rendered. MTUS (Chronic Pain Medical Treatment Guidelines) does not support the request for chiropractic treatment of knee complaints. MTUS reports the following: Manual therapy and manipulation are not recommended in the treatment of knee complaints.