

Case Number:	CM14-0057444		
Date Assigned:	07/09/2014	Date of Injury:	05/22/2013
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 Board Certified in Family Medicine 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:

33 yr. old male claimant sustained a work injury on 5/22/13 involving the left knee and low back. An MRI determined he had a meniscal tear. He underwent a partial menisectomy on 9/10/13. A progress note on 12/12/13 indicated the claimant had continued knee pain and mild diffuse joint tenderness with reduced range of motion. The treating physician requested an MRI of the knee to evaluate the menisectomy. The MRI on 12/20/13 showed a complex flap tear of the posterior horn of the medial meniscus. A progress note on 4/2/14 indicated the claimant had low back pain. Exam findings were notable for a positive Kemp's test and muscle spasms. The treating physician requested 8 sessions of chiropractor therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro to the left knee x8: 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 Medicine Page(s): 58-59.

Decision rationale: According to the MTUS guidelines, chiropractor therapy for back pain is recommended for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The request for 8 sessions is beyond the therapeutic trial and is not medically necessary.

Left knee MRI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 347.

Decision rationale: The According to the ACOEM guidelines, an MRI of the knee is use to evaluate ACL tears and in preparation for surgery. In this case, there is no plan for surgery and a prior MRI was completed before the knee arthroscopy. The request for an MRI of the knee is not medically necessary.