

Case Number:	CM14-0062564		
Date Assigned:	07/11/2014	Date of Injury:	09/06/2013
Decision Date:	08/12/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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, 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 44-year-old female, born on [REDACTED]. On 09/06/2013, while working as a gardener at a nursery, she stepped on some wood, slipped and twisted her left knee. The patient had been authorized left knee arthroscopy with partial medial meniscectomy (performed on 12/17/2013) and 12 physical therapy sessions. The chiropractor's first report of occupational injury or illness indicates the patient presented for care on 04/02/2014 with left knee pain 7/10, low back pain 8/10, and upper back pain 7/10. Examination on 04/02/2014 revealed mild knee edema, left knee ROM (Rang of Motion) 0-112, right knee ROM 0-117, + grind test, no instability, motor 5/1, dorsolumbar ROM intact except extension at 20/25, negative SLR, and mild diffuse tenderness across L/S junction. Diagnoses were noted as status post arthroscopy left medial meniscus tear, lumbar strain, and thoracic strain. There was a request for a trial of chiropractic at a frequency of 2 times per week for 3 weeks. The chiropractor's 05/08/2014 PR-2 reports left knee pain 7/10, low back 8/10 and upper back 7-8/10. Examination on 05/08/2014 revealed left knee ROM nearly full on flexion, extension zero, slight infra-patellar swelling, pain on McMurray's, decreased sensation left foot in non-dermatomal pattern, cervical and dorsolumbar ROM intact, and lower extremity motor 5/5. Diagnoses were noted as status post arthroscopy left medial meniscus tear, lumbar strain, and thoracic strain. There was a request for 6 additional post-op PT sessions. The chiropractor's 06/05/2014 PR-2 reports continued left knee 7/10, low back 8/10 and upper back 7-8/10. Examination on 06/05/2014 revealed left knee ROM 0-120, no significant effusion, some pain on McMurray's, decreased sensation left foot in non-dermatomal pattern, cervical and dorsolumbar ROM intact, and lower extremity motor 5/5. Diagnoses were noted as status post arthroscopy left medial meniscus tear, lumbar strain, and thoracic strain. The chiropractor reported, likely at MMI next month for knee. The chiropractor's PR-2 of 07/10/2014 reports patient complaints of low back, left knee, mid back

and neck pain 8/10. The patient reportedly climbed a slight rise over uneven ground which aggravated her foot and knee. She reports no improvement in her knee pain since surgery. Examination on 07/10/2014 revealed left knee range of motion 0-115, right knee 0-120, mild effusion medial left knee, mild crepitus, some pain on McMurray's, negative Appley's compression, decreased sensation left foot in non-dermatomal pattern, cervical and dorsolumbar range of motion intact, lower extremity motor strength 5/5, and negative straight leg raise. Diagnoses were noted as status post arthroscopy left medial meniscus tear, lumbar strain, and thoracic strain. MRI of the left knee was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x6 for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation, pages 58-60 Page(s): 58-60.

Decision rationale: MTUS (Chronic Pain Medical Treatment Guidelines) supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back pain if caused by musculoskeletal conditions. MTUS does not support manual therapy and manipulation in the treatment of knee complaints. MTUS reports manual therapy and manipulation in the care of knee conditions are not recommended. Therefore, Chiropractic treatment x6 for left knee is not medically necessary.