

Case Number:	CM14-0066649		
Date Assigned:	07/11/2014	Date of Injury:	05/24/2011
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/10/2014

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:

According to the available medical records, this is a 59-year-old female patient with chronic right knee pain, date of injury 05/24/2011. Previous treatments include medications, arthroscopic surgery in 2012, post-operative physical therapy, cane, braces, injections, and home exercise program. Consultation report dated 07/01/2013 by the treating doctor revealed the patient with right knee pain, 8/10, pain increased with prolonged walking, standing and kneeling. Physical exam revealed antalgic gait, ROM of the right knee is 0 to 80, tenderness to palpation to the medial joint line, positive McMurray's with medial pain. Diagnoses included status post right knee arthroscopic surgery and right knee chondromalacia patella. Treatment plan include medications, injections and 8 chiropractic treatments. The patient limited to sedentary work only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits dates 7/23/2013, 8/6/2013 and 8/8/2013: 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 Chronic Pain page 58-59. Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise

program and return to productive activities. Low back: recommended as an option. Therapeutic care. Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care. Not medically necessary. Recurrences/flares-up. Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines; a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life Page(s): 58-59.

Decision rationale: Recommended for chronic pain if caused by musculoskeletal conditions, the manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. This patient presented with a chronic right knee pain and has had extensive treatments including medications, injections, surgery and post-operative physical therapy, and home exercise program. Chiropractic treatments 2x a week for 4 weeks were requested for strengthening and conditioning purposes. However, the patient has completed post-operative physical therapy for those purposes and CA MTUS guidelines do not recommend chiropractic manipulation for chronic knee pain. Therefore, the request for chiropractic treatments for this patient right knee is not medically necessary.