

Case Number:	CM14-0067260		
Date Assigned:	07/11/2014	Date of Injury:	06/04/2013
Decision Date:	08/18/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 Chiropractor 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 claimant is a 57-year-old female who was involved in a work injury on 6/4/2013. On 3/10/2014 the claimant was reevaluated by [REDACTED]. The report indicated that the patient is continuing chiropractic care has not yet received the brace as of yet. She is not working as light duty work is not available to her. The claimant was diagnosed with internal derangement/degenerative joint disease of the left knee with probable tear of medial meniscus. The recommendation was for continued chiropractic treatment as this has been beneficial for the patient, and has decreased the patient's pain level. On 3/26/2014 [REDACTED] the submitted an RFA for continued chiropractic treatment at 2 times per week for 6 weeks. As of 3/26/2014 the claimant had received 22 chiropractic treatments. The requested 12 treatments was denied by peer review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic: 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 manipulation section Page(s): 58.

Decision rationale: Medical treatment utilization schedule guidelines, page 58, indicate that manipulation for knee complaints is not recommended. Moreover, the claimant has received 22 treatments with no evidence of significant lasting functional improvement. Therefore, the medical necessity for the requested 12 chiropractic treatments was not established.