

Case Number:	CM14-0068394		
Date Assigned:	07/14/2014	Date of Injury:	11/10/2010
Decision Date:	08/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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 patient is a 53-year-old female born on 08/19/1960. There is a reported date of injury of 11/10/2010, with bilateral hand and bilateral knee pain secondary to cumulative trauma, but no biomechanical history of injury was reported for this review. The patient underwent right knee MRI on 03/10/2014 with the impression noted as 1. Complex medial meniscal tear with meniscal extrusion, 2. Lateral discoid meniscus with no tear, 3 MCL and LCL partial tear, 4. Semimembranosus tendinosis, 5. Joint effusion, 6. Chondromalacia patella, grade 2/3, 7. Medial femorotibial joint OA; chondromalacia; and osteochondral lesion, and 8. Multiple varicosities of the lateral soft tissues of the knee. She also underwent left knee MRI on 03/10/2014 with the impression noted as 1. Medial meniscus, macerated and torn at posterior horn and body, 2. Possible lateral meniscal body tear, 3. PCL, MCL and LCL partial tears, 4. Semimembranosus tendinosis or partial tear, 5. Pes anserine bursitis, 6. Multiple varicosities of medial soft tissues of the knee, 7. Joint effusion and synovitis, 8. Medial femorotibial OA; chondromalacia; osteochondral lesions; posterior loose body, 9. Lateral femorotibial joint OA; osteochondral lesion, and 10. Chondromalacia patella, grade 2/3. Bilateral wrist MRI studies are also performed on 03/10/2014. The right wrist MRI impression was noted as 1. TFCC and lunotriquetral ligament tear, 2. Osseous cyst of lunate bone with adjacent scapholunate ligament tear, 3. ECU tendinosis or partial tendon tear, and 4. Synovial cyst proximal to pisotriquetral joint and adjacent to the volar and dorsal scaphoid bone. The left wrist MRI impression was noted as 1. Osseous cyst of lunate with adjacent scapholunate partial ligament tear and 2. Synovial cyst proximal to the pisotriquetral joint and radial and volar aspect of scaphoid bone. There is a request for 12 chiropractic sessions in the treatment of bilateral carpal tunnel syndrome and bilateral knee sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with physiotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

Decision rationale: The request for 12 chiropractic sessions in the treatment of bilateral carpal tunnel syndrome and bilateral knee sprain is not medically necessary. No clinical treatment documentation was provided for this review. It is unknown what prior treatments may have been rendered or the patient's response to treatments. Regardless of past care, the MTUS Chronic Pain Medical Treatment Guidelines do not support manual therapy and manipulation in the treatment of forearms, wrists, hands, or knee complaints. Relative to treatment of carpal tunnel syndrome and bilateral knee sprains, the MTUS Guidelines state that manual therapy and manipulation are not recommended in the treatment of carpal tunnel syndrome. Manual therapy and manipulation are not recommended in the treatment of forearm, wrist or hand complaints. Manual therapy and manipulation are not recommended in the treatment of knee complaints. Therefore, the requested services are not medically necessary or appropriate.