MAXIMUS Federal Services

Case Number:	CM14-0077094		
Date Assigned:	07/18/2014	Date of Injury:	07/02/2012
Decision Date:	08/15/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 New York. 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:

Upon review of the medical records, the applicant is a 63-year-old female who sustained a work related injury that occurred on July 2, 2012 while employed at [redacted]. There was no work related accident history indicated. Thus far, the applicant has treated with psychotherapy, biofeedback, orthopedic, physical therapy, chiropractic treatment, pain management and injections. A total knee replacement was recommended upon review of orthopedic surgical report dated 12/13/13. On 3/27/14, the applicant underwent a left knee partial meniscectomy and chondroplasty. The medical records indicated that the orthopedic surgeon whom performed the surgery does not want his patient to have chiropractic therapy to the left knee. Upon review of 4/9/14 chiropractic, progress note the applicant subjectively complained of constant left knee pain. Examination revealed flexion of the knee was to 95 degrees. Based upon this, the chiropractor recommends treatment including mechanical traction and manipulative techniques. A diagnosis was given as status post left knee arthroscopy. Upon review of status post, left knee arthroscopy report dated 4/22/14 the applicant was three weeks post surgery and was recommended physical therapy. The applicant underwent a chiropractic evaluation on 4/29/14, which revealed complaints of dull left knee pain with an increase in pain with all weight bearing activities. Status post-surgical left knee examination revealed a decrease in the ranges of motion of flexion, extension and internal rotation with the exception of knee external rotation was normal. There was left knee tenderness and Drawere Test and McMurray's Test was positive. A diagnosis was given as: status post left knee arthroscopy. Chiropractic and physiotherapy treatment to the left knee 2 times per week for 3 weeks was recommended. The applicant was instructed to return to modified work on 4/30/14. In a utilization review report, dated 5/15/14 the reviewer determined that chiropractic treatment for the left knee 2 times per week for three weeks was not granted and did not meet medical necessity based evidenced

guidelines. The California MTUS does not address chiropractic treatment relative to the knee. The Official Disability Guidelines Knee and Leg Chapter states manipulation is not recommended. A 4/29/14 chiropractic progress note indicated the applicant has constant left knee pain. Left knee flexion performed was at 95 degrees. On 5/6/14, physical therapy of the left knee was authorized 2x8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Medicine for Left Knee 2x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Knee & Leg Chapter for Manipulation.

Decision rationale: The requested chiropractic treatment to the left knee two times per week for three weeks is not medically necessary and not sanctioned under the guidelines. The Chronic Pain Guidelines indicate that manual therapy and manipulation of the knee is not recommended. The medical records do indicate this applicant is status post left knee arthroscopy and physical therapy was recommended. On 3/27/14 the applicant underwent a left knee partial meniscectomy and chondroplasty. The medical records indicated that the orthopedic surgeon whom performed the surgery does not want his patient to have chiropractic therapy to the left knee. Furthermore, the Official Disability Guidelines Knee & Leg Chapter for Manipulation documents that knee manipulation is not recommended. There are no studies showing that manipulation is proven effective for patients' with knee and leg complaints. Therefore, the request is not medic ally necessary.