

Case Number:	CM14-0088609		
Date Assigned:	09/03/2014	Date of Injury:	10/20/2012
Decision Date:	10/06/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 injured worker is a 45 year old male with a 12-20-12 recorded date of injury. The records describe cumulative knee traumas and extensive treatment with complaint of ongoing bilateral knee pain. A July 02, 2014 medical evaluation for bilateral knee complaints notes findings including: left knee varus alignment, positive McMurray's sign, medial joint line tenderness right knee, varus alignment and medial joint line tenderness, positive patellofemoral crepitation bilaterally, positive grind test bilaterally, range of motion lacks 3 degrees extension to 120 degrees flexion. Assessment includes: bilateral knee osteoarthritis with 2-24-14 MRI with findings including: bilateral knee medial meniscus tear, severe tri-compartmental chondromalacia, loose body present in right knee, left knee evidence of lateral meniscus tear. The patient is described in a recent 5-7-14 medical evaluation as not being a candidate for total knee arthroscopy or hemiarthroplasty, and is recommended for a tibial osteotomy. There is a 6-12-14 Application for Independent Medical Review related to a request for 6 chiropractic treatment sessions to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy once per week for 6 weeks for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Chiropractic Care/Manipulation

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

Decision rationale: MTUS Guidelines does not recommend utilization of manual therapy and manipulation in the management of knee conditions. As such, Medical necessity of the requested chiropractic treatment for bilateral knees 1x/wk x6wks is not supported with the application of MTUS guidelines.