

Case Number:	CM14-0098134		
Date Assigned:	09/23/2014	Date of Injury:	11/05/2012
Decision Date:	12/03/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 Occupational Medicine 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:

Patient is a 42 year-old female with date of injury 11/05/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/07/2014, lists subjective complaints as pain in the bilateral knees. Objective findings: Examination of the bilateral knees revealed some peripatellar edema on the right. Patient had exquisite tenderness over the body and posterior horn of the medial meniscus. Mildly positive Valgus stress test and negative Varus stress test. McMurray's was positive. Diagnoses: 1. Right knee sprain of the anterior cruciate ligament 2. Medial meniscal tear with degeneration of lateral meniscus, right knee 3. Bony reactive cystic changes to the right knee 4. Medial compartment joint space narrowing with meniscal tear posterior horn of the medial meniscus, left knee 5. Subchondral and trabecular bone marrow edema of the undersurface of the medial margin of the medial tibial plateau and margin of the medial femoral condyle 6. subcentimeter bony reactive cystic changes of the undersurface of the proximal tibia, left knee 7. Status post arthroscopy of the right knee, 02/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio-chiro treatments plus manipulation 3 times a week for 4 weeks for bilateral knees:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): Pages 58-60.

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

Decision rationale: The request is for 12 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented functional improvement prior to authorizing more visits. The request for 12 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. In addition, the MTUS does not recommend manual manipulation of the knee. Physio-chiro treatments plus manipulation 3 times a week for 4 weeks for bilateral knees is not medically necessary.

Acupuncture two times a week for six weeks for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture two times a week for six weeks for the bilateral knees is not medically necessary.