

Case Number:	CM14-0188149		
Date Assigned:	11/18/2014	Date of Injury:	03/25/2014
Decision Date:	01/07/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in Chiropractic Sports Physician 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 29 year old male who was injured on 3/25/14 while trying to climb a tree he slipped and fell catching his right leg between the tree and the fence. He twisted his knee and felt his knee pop. He was diagnosed with lumbago and internal derangement of the right knee. According to an evaluation on 10/16/14 the patient also had pains in the neck, upper back, right shoulder with radiculitis to the right arm. He also experienced pain in the low back, right knee ankle and foot with radiculitis don right leg. The MRI of the right knee confirmed the diagnosis of right internal knee derangement/ medial meniscus tear. Prior treatment has apparently consisted of meds, right knee surgery on 5/27/14, physical therapy, acupuncture, chiropractic manipulation, and myofascial release. The amount of treatment and how the patient responded to care is not well documented. According to a doctor's first report of injury dated 7/31/14, the patient had no treatment since his surgery on 5/27/14. The post-surgical guidelines were apparently not followed.(see page 7, section 9792.20 for details). The doctor is requesting 8 chiropractic sessions to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight chiropractic sessions for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, chiropractic manipulation is not recommended for the knee and therefore is not medically necessary. Please see Post-surgical knee guidelines for other types of treatment to the knee as previously discussed.