MAXIMUS Federal Services

Case Number:	CM14-0190048		
Date Assigned:	11/24/2014	Date of Injury:	11/15/2011
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/14/2014

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 Acupuncture 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:

This 39 year old female sustained a work related injury on 11/15/2011. The mechanism of injury was not described. On the physician's progress report (PR-2), the current diagnosis is lumbar sprain/strain with myospasm. According to the Utilization Review, the injured worker was three months status post right knee arthroscopic lateral release, chondroplasty, and lysis of adhesions (6/12/2013). Progress report from 9/8/2014 requested extension of TTD due to recent flare of lower back pain and knee instability. Positive McMurrys/Drawers and Kemp's reported; positive SLR at 35 degrees right/left 40 degrees. On the progress report dated 10/1/2014, the injured workers chief complaints were continued knee and gait pain. The injured worker also reported lower back pain with spasms and sciatic nerve pain with activities of daily living. The physical examination of the right knee revealed decreased range of motion. The injured worker was previously treated with medications, restrictions and surgery. The treating physician prescribed 12 Chiropractic visits for the right knee, which is now under review. The records did not describe any specific reasons for prescribing the chiropractic. No diagnostic imaging reports or surgical procedures were specified in the records provided. When Chiropractic was first prescribed work status was off work.On 10/27/2014, Utilization Review had non-certified a prescription for 12 Chiropractic visits to the right knee. The Chiropractic visits were non-certified based on completion of sufficient supervised post-op physical therapy. The injured worker should be able to perform a home program as recommended and advised by the evidence based guidelines. The California MTUS Chronic Pain Medical Treatment Guidelines were cited. Manipulation of the knee is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Services times 12 visits for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58/59.

Decision rationale: The patient is reported to be a 39 year old female who sustained a work related injury on 11/15/2011. She is reported status post right knee arthroscopic lateral release, chondroplasty, lysis of adhesion completed 6/12/13; the patient also completed 24 PT sessions. On 10/27/14 a UR determination denied Chiropractic post op treatment, 12 sessions to the right knee stating that sufficient post op therapy had been provided leading to self-management with home therapy/rehabilitation previously recommended. The determination cited the CAMTUS Chronic Treatment Guidelines for manual therapy that does not support manipulation of the knee. The UR determination was appropriate and consistent with reviewed records that failed to establish the medical necessity for further care beyond a home care program or clinical evidence to exceed the CAMTUS Chronic Treatment Guidelines that do not recommend the use of manipulation to the knee. The request for Chiropractic Services is not medically necessary.