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| Case Number: | CM14-0204956 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 05/14/2013 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 37 year old male with date of injury 5/14/13. The mechanism of injury is not stated in the available medical records. The patient has complained of right knee pain since the date of injury. He has been treated with physical therapy, chiropractic therapy and medications. MRI of the right knee performed in 04/2014 revealed a horizontal tear of the medial and lateral menisci. Objective: tenderness to palpation of the inferior pole of the patella, positive McMurray's sign. Diagnoses: tear, medial meniscus. Treatment plan and request: Chiro for the right knee, once weekly for six weeks, orthopedic evaluation of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro for the right knee, once weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 346.

Decision rationale: This 37 year old male has complained of right knee pain since date of injury 5/14/13. He has been treated with physical therapy, chiropractic therapy and medications. The

current request is for Chiro right knee once/week x 6 weeks. Per the MTUS guidelines cited above, manipulation is not effective in alleviating knee pain and is therefore not recommended for the treatment of knee pain. On the basis of the available medical documentation and per the MTUS guidelines cited above, Chiro right knee once/week for 6 weeks is not indicated as medically necessary.

Orthopedic evaluation for the right knee with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127, as well as the Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee complaints Page(s): 343 and 344.

Decision rationale: This 37 year old male has complained of right knee pain since date of injury 5/14/13. He has been treated with physical therapy, chiropractic therapy and medications. The current request is for orthopedic evaluation. Per the MTUS guidelines cited above, surgical consultation may be indicated for patients who have activity limitation for greater than 1 week and failure of an exercise program to increase the range of motion and strength of muscles around the knee. The available medical records do not include documentation of such stated failure of an exercise program to increase the range of motion and strength of the knee musculature. On the basis of the available medical records and per the MTUS guidelines cited above, orthopedic evaluation is not indicated as medically necessary.