

Case Number:	CM14-0213819		
Date Assigned:	12/31/2014	Date of Injury:	08/18/2004
Decision Date:	02/24/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 48-year-old man with a date of injury of August 18, 2004. The mechanism of injury occurred while working as a driver/laborer for a fence company. He was working up on a hill in the mountains installing barbwire. He slipped down the hill, hitting his right knee on a tree. The injured worker's working diagnoses are stratus post left knee arthroscopy in 2007; status post right knee arthroscopy in 2005, and 2007; bilateral knee pain; and increased right knee instability, clinically. Pursuant to the progress report dated November 4, 2014, the IW complains of left knee pain rated 5/10, and right knee pain rated 6-8/10. The pain radiates to the groin, lower back, and legs with numbness, tingling, burning, throbbing, stabbing, aching, and sharp. The pain is associated with stiffness, locking, giving way, popping, and weakness. There was limited range of motion. The IW reports increased instability in the right knee with several falls. He was unable to obtain restful sleep due to chronic pain, as well as difficulty with activities of daily living. Examination of the right knee reveals an active range of motion to -5 degrees and flexion to 110 degrees. There was moderate tenderness to palpation over the medial and lateral tibiofemoral joint space of the right knee. McMurray's test was positive bilaterally. Current medications include Zolpidem 10mg, Ibuprofen 800mg, Tramadol Hcl 40mg, and Ranitidine 150mg. The treating physician is requesting authorization for chiropractic physiotherapy for the right knee 3 times a week for 4 weeks (12 sessions). The IW reports he has not received any type of medical care for over 5 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic physiotherapy for the right knee x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee Section, Physical Therapy, Pain Section, Manipulation

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, chiropractic physiotherapy to the right knee times 12 sessions is not medically necessary. Patients should be formally assessed after a six music clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Chiropractic manipulation is recommended for chronic pain is caused by musculoskeletal conditions, only when manipulation is specifically recommended by the provider in the plan of care. The recommended treatment parameters: time to produce affect sport six treatments; frequency is 1 to 2 times per week for the first two weeks as indicated by severity of condition. Treatment may continue at one treatment per week for the next six weeks. Maximum duration eight weeks. At week eight, patients should be reevaluated. Care beyond eight weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In this case, the injured worker's working diagnoses are stratus post left knee arthroscopy in 2007; status post right knee arthroscopy in 2005, and 2007; bilateral knee pain; and increased right knee instability, clinically. The documentation is unclear as to whether and how much physical therapy the injured worker received prior to five years from the date of service. When the number of visits or treatment duration exceeds the guideline exceptional factors should be noted. There were no exceptional factors or compelling clinical facts in the medical record to warrant additional treatment. Additionally, there was no specific clinical indication for manipulation of the knee. Consequently, absent prior documentation of physical therapy and or chiropractic treatment rendered to the right knee (prior to five years) with evidence of objective functional improvement and compelling clinical evidence for additional chiropractic physiotherapy, chiropractic physiotherapy to the right knee times 12 sessions is not medically necessary.