

Case Number:	CM14-0038248		
Date Assigned:	06/25/2014	Date of Injury:	06/23/2010
Decision Date:	01/14/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 patient is a 36 year old male who injured his right knee on 6/23/2010. The patient is status post-surgical for her right knee (ACL reconstruction). The patient injured his right knee while performing his duties as an airline employee. The mechanism of injury is not provided in the records reviewed. Per the primary treating physician's progress report the patient complains of right knee pain and weakness with pain in the medial joint. The patient has been treated with medications, surgery, psychotherapy and chiropractic care (post-surgical sessions). The diagnosis assigned by the primary treating physician (PTP) is right knee meniscectomy with ACL repair (status post-surgery). There are no diagnostic imaging studies in the records. The PTP is requesting 12 sessions of post-operative chiropractic care to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic twice (2) a week for six (6) weeks to the Right Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient has suffered an injury to his right knee. Surgery has been performed to repair the ACL tear in the right knee. Meniscectomy has also been performed. The

MTUS Post-Surgical Treatment Guidelines, knee section, recommends 24 sessions of post-surgical physical medicine treatments over 16 weeks. The records provided show that the patient has been authorized for 12 sessions of post-surgical therapy and completed 9. It is unclear if any additional sessions within the 24 visit cap have been completed. Based on the medical records provided, this request is in accordance with the MTUS guidelines. Therefore, the request for 12 post-surgical chiropractic sessions to the right knee is medically necessary and appropriate.