

Case Number:	CM14-0044332		
Date Assigned:	07/02/2014	Date of Injury:	08/09/2011
Decision Date:	12/03/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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 is a 61 year old male, who sustained an industrial injury on 8-09-2011. The injured worker was diagnosed as having left knee posterior horn medial meniscus tear and right knee sprain-strain with osteoarthritis and internal derangement. Treatment to date has included diagnostics, unspecified physical therapy, and medications. On 1-31-2014, the injured worker complains of bilateral knee pain. He was awaiting and pending approval for arthroscopic surgery for his left knee. He was taking Gabapentin and Tramadol. A review of symptoms was positive for diabetes. Exam of the knee joints noted mild swelling, tenderness to palpation of the knees, motor strength 3 of 5 bilaterally, range of motion on flexion and extension 70 degrees bilaterally and 35 degrees bilaterally in lateral and medial flexion. Apley's compression, grinding, drawer tests, Lachman's, and McMurray's tests were positive. His work status was total temporary disability. On 3-27-2014, Utilization Review non-certified a request for 24 sessions of chiropractic-physical therapy-modality therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Sessions of Chiro/PT/Modality Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Manual therapy & manipulation, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 24 sessions of chiropractic/physical therapy/modality therapy is not medically necessary. Manual manipulation and therapy that is recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. Patients should be formally assessed after a six visit clinical trial (physical therapy) and 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left knee posterior horn medial meniscus tear; and right knee sprain strain with osteoarthritis and internal derangement. Date of injury is August 9, 2011. Request for authorization is March 13, 2014. Utilization review notes as of January 22, 2013 the injured worker received 1 1/2 years of physical therapy with no appreciable response. According to a January 31, 2014 progress note, subjective complaints include bilateral knee pain. The injured worker is awaiting left knee arthroscopy. Medications include gabapentin and tramadol. Objectively, there is tenderness to palpation at the left knee with decreased range of motion. The treatment plan states the injured worker is "to continue" 24 sessions of chiropractic/physical therapy. There are no chiropractic or physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior chiropractic/physical therapy. The total number of physical therapy/chiropractic sessions to date are not specified. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines are clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation referencing the total number of chiropractic/physical therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically indicated, 24 sessions of chiropractic/physical therapy/modality therapy is not medically necessary.