

Case Number:	CM15-0006041		
Date Assigned:	01/26/2015	Date of Injury:	07/11/2008
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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
Certification(s)/Specialty: Chiropractor

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 female, who sustained a work related injury on 7/11/08. The diagnoses have included bilateral knee arthritis, right knee strain, left knee strain and right ankle strain. The treatments to date has included radiology studies, H-Wave therapy, TENS unit therapy, physical therapy and oral medications. The injured worker complains of bilateral knee pain, upper back, neck and right ankle pain. She is noted to have normal sensation. On 12/11/14, Utilization Review non-certified a request for chiropractic treatment 2 x 6 sessions to left knee. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 2x6 sessions to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or eff.

Decision rationale: The claimant presented with chronic knee pain from an injury that is more than 6 years ago. Previous treatments include medications, H-Wave therapy, TENS unit, and physical therapy. There is no previous chiropractic treatment records. Reviewed of MTUS evidences based guidelines do not recommend chiropractic treatment for the knee. Therefore, the request for chiropractic treatment 2x6 for the left knee is not medically necessary.