

Case Number:	CM15-0007764		
Date Assigned:	01/26/2015	Date of Injury:	07/01/2010
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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: Physical Medicine & Rehabilitation

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 53-year-old female who reported an injury on 07/01/2010. The mechanism of injury was not stated. The current diagnoses include chronic ACL tear, degenerative joint disease, status post ACL reconstruction, synovitis, exostosis, and low back pain. The injured worker presented on 12/26/2014 with complaints of persistent right knee pain. The injured worker utilizing a hinged knee brace. The injured worker also utilized Aleve and oxycodone for pain. The injured worker reported giving out and crepitus of the knee, as well as low back and pelvic pain. Upon examination of the right knee, there was mild swelling, valgus deformity, atrophy, an antalgic gait, lateral and medial joint line tenderness, 0 to 95 degree range of motion, and posterior/anterior instability. Recommendations included a chiropractic care referral. A total knee arthroplasty was also recommended at that time. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the low back and right knee; 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the knee is not recommended. Treatment for the low back is recommended with a therapeutic trial of 6 visits over 2 weeks. There was no documentation of a physical examination of the low back provided. As the California MTUS Guidelines do not recommend chiropractic manipulation for the right knee, the current request is not medically appropriate at this time.