

Case Number:	CM15-0100072		
Date Assigned:	06/02/2015	Date of Injury:	07/01/2010
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/26/2015

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, Oriental 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 56 year old female, who sustained an industrial injury on 7/1/10. She reported a left knee injury. The injured worker was diagnosed as having status post left knee arthroscopy, osteoarthritis of left knee, status post left knee total knee replacement and status post left knee arthroscopic meniscectomy. Treatment to date has included left knee replacement, physical therapy, oral medications and home exercise program and activity restrictions. Currently, the injured worker complains of left knee pain rated 6/10 and well controlled with medications. She is on total temporary disability for 4 weeks. Physical exam noted antalgic gait, mild inflammation and effusion of left knee and peripatellar tenderness to palpation and tenderness to palpation of the lateral knee. The treatment plan included postoperative chiropractic treatment which includes supervised physiotherapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic with Physiotherapy & Myofascial Release, 2 times per wk for 6 wks, for Left Knee (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: The 5/8/15 UR determination denied continuing Chiropractic care, 12 additional visits for management of the patient left knee citing CAMTUS Chronic Treatment Guidelines. Prior to this request for additional care, the patient was under active care receiving manual therapy with a failure to report the number of completed sessions or what objective functional gains were experienced by the patient. The medical necessity for continued therapy, 12 additional Chiropractic visits to manage the patient left knee was not supported by the reviewed medical records or referenced CAMTUS Chronic Treatment Guidelines. Therefore the request is not medically necessary.