

Case Number:	CM15-0102348		
Date Assigned:	06/05/2015	Date of Injury:	10/03/2014
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36 year old male, who sustained an industrial injury on 10/03/2014. He reported that while performing work activities that involved kneeling and twisting, he noted pain and swelling to the right knee. The injured worker was placed on an antibiotic that caused a severe skin reaction. The injured worker was diagnosed as having knee sprain/strain and skin disorder. Treatment and diagnostic studies to date has included medication regimen, infectious disease consultation, orthopedic consultation, laboratory studies, and chiropractic therapy of an unknown quantity. In a progress note dated 04/11/2015 the treating physician reports complaints of right knee pain and dermatitis secondary to an antibiotic reaction. Examination reveals slight limp with gait, increase in knee pain with heel-toe walking, tenderness with muscle spasm myofascial pain at the medial joint and posterior knee, positive patella grinding test, positive McMurray test, positive Apley compression test, and dermatitis around the patella with rounded spots that were dark in the right and left legs. The documentation noted prior chiropractic therapy but the medical records provided did not indicate the effects of the chiropractic therapy with regards to functional improvement. The treating physician requested six to eight chiropractic therapy treatments to further assist with improvement of the injured worker's function to allow him to perform all of his activities of daily living, increase his range of motion, and muscle strength to be able to return to work with less restriction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for the right knee (6-8 treatments): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Manipulation; ODG, Physical Therapy.

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

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for right knee pain. When seen, there had been improvement after an initial 4 chiropractic treatments with improved function. There was a slight limp. Patellar compression and grind testing as well as McMurray testing was positive. His BMI was nearly 32. Additional chiropractic treatments were requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of additional treatment sessions requested is consistent with the guideline recommendation and there had been functional improvement after only 4 treatments. The request was therefore medically necessary.