

Case Number:	CM15-0108702		
Date Assigned:	06/18/2015	Date of Injury:	03/22/2015
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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 21 year old female who sustained an industrial injury on 3/22/15 when she turned and twisted her body with her left foot planted injuring her left knee. She was medically evaluated and had x-rays which were negative (per injured worker) and was diagnosed with a knee sprain. She was given an immobilizer, crutches; naproxen which was ineffective for pain. She currently complains of left knee pain. Physical examination of the left knee reveals tenderness and pain on palpation along the medial joint line, edema around the knee, positive Apley's compression test and decreased range of motion accompanied by pain. Medications are ibuprofen, Tramadol. Diagnoses include internal derangement, left knee. Treatments to date include medications; immobilizer; hinged knee brace. Diagnostics include MRI of the left knee (4/24/15) demonstrating findings consistent with lateral patellar dislocation, lateral patella subluxation, small bone contusion; muliposition MRI of the left knee (5/19/15) demonstrates an oblique tear of the anterior horn, mild sprain, joint effusion, internal derangement. In the progress note dated 5/15/15 the treating provider's plan of care include a request for chiropractic treatments to include physical therapy modalities to the left knee twice per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care to include physical therapy modalities for the left knee at 2x6, QTY: 12:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59. Decision based on Non-MTUS Citation ODG TWC: ODG Treatment: Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic: (updated 07/10/15).

Decision rationale: The UR determination of 5/27/15 denied the treatment request for Chiropractic care. 12 visits to the patients left knee citing CAMTUS/ODG Guidelines. Clinical records do support evidence of knee derangement with a prior treatment course of physical therapy reported as reasonable and necessary. The request for additional physical therapy to include Chiropractic care was denied per cited guidelines. The medical necessity of manipulation of the knee with attendant therapy was not supported by the records reviewed or consistent with referenced CAMTUS/ODG Treatment Guidelines that do not support manipulation of the knee. The request is not medically necessary.