

Case Number:	CM15-0131157		
Date Assigned:	07/17/2015	Date of Injury:	01/15/2014
Decision Date:	08/19/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/07/2015

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: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28-year-old male sustained an industrial injury to the left hip and knee on 1/15/14. Previous treatment included chiropractic therapy for the back, injection and medications. Documentation did not disclose the number of previous chiropractic therapy sessions. In a visit note dated 6/15/15, the injured worker complained of left hip and left knee pain rated 6-7/10 on the visual analog scale. The physician noted that x-rays of bilateral knees (1/15/14) were reportedly normal. Physical exam was remarkable for bilateral lower extremities with normal muscle tone and 5/5 motor strength throughout. The injured worker walked with an antalgic gait. Current diagnoses included left thigh/pelvis pain in joint, left lower leg pain in joint and psychogenic pain. The treatment plan included an initial trial of six sessions of chiropractic therapy for the left knee, discontinuing Buprenorphine and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiro sessions for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Manipulation.

Decision rationale: The patient has not received chiropractic care for her left knee injury in the past. Chiropractic care is recommended post-surgery for the knee. In the absence of surgery The MTUS Chronic Pain Medical Treatment Guidelines does not recommend chiropractic care for the knee. The ODG Knee Chapter also does not recommend chiropractic care for the knee. I find that the 6 chiropractic sessions requested to the left knee to not be medically necessary and appropriate.