

Case Number:	CM15-0140709		
Date Assigned:	07/30/2015	Date of Injury:	10/04/2013
Decision Date:	09/04/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 50-year-old male, who sustained an industrial injury on 10/4/13. The injured worker was diagnosed as having bilateral knee sprain and strain rule out internal derangement, right knee joint effusion, right knee soft tissue edema, right knee medial meniscus tear, right knee semimembranosus tendinosis, and right knee joint space narrowing. Treatment to date has included medication and the use of a cane. Physical examination findings on 3/27/15 included tenderness to palpation of the infrapatellar on the right, peripatellar on the right, and popliteal fossa on the right. Limited range of motion was noted secondary to pain. McMurray's and Varus stress test were positive bilaterally. Currently, the injured worker complains of knee pain rated as 7 of 10 with radiation to the right leg with numbness and tingling. The treating physician requested authorization for chiropractic treatment with physiotherapy 2x8 for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with physiotherapy 2 x 8 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The claimant presented with chronic knee pain despite previous treatments with medications, right knee arthroscopic surgery, and post-op physical therapy. Current request is for 16 chiropractic visits with physiotherapy for the right knee. The claimant has had sufficient post-op physical therapy to his right knee, and evidences based MTUS guidelines do not recommend chiropractic treatments for the knee. Therefore, the request for 16 chiropractic treatment visits for the right knee is not medically necessary.