

Case Number:	CM15-0141229		
Date Assigned:	07/31/2015	Date of Injury:	02/18/2015
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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:

The injured worker is a 47 year old male with an industrial injury dated 02-18-2015. The injured worker's diagnoses include contusion of face, scalp and neck; sprain of knee and leg; and lower leg joint pain. Treatment consisted of Magnetic Resonance Imaging (MRI) of bilateral knee, prescribed medications, and periodic follow up visits. In a progress noted dated 03-02-2015, physical exam revealed unusual gait, decreased bilateral knee range of motion with global tenderness, patellofemoral compression and positive apprehension signs. In the most recent progress note dated 04-06-2015, the injured worker reported bilateral knee pain. Objective findings were noted to be unchanged from initial. The treating physician prescribed services for an initial trial of chiropractic therapy 2x3 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x3 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and 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 his knee injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines does not recommend manipulation for the knee. The ODG Knee Chapter also does not recommend chiropractic care for the knee. The use of manipulation is not recommended by The MTUS or ODG. I find that a trial of 6 sessions of chiropractic care requested to the left knee to not be medically necessary and appropriate.