

Case Number:	CM15-0160473		
Date Assigned:	08/25/2015	Date of Injury:	12/05/2006
Decision Date:	10/14/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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 50 year old male, who sustained an industrial injury on 12-5-06. The injured worker was diagnosed as having bilateral knee internal derangement, bilateral knee replacement (2012) and bilateral knee sprain. The physical exam (2-11-15 through 4-27-15) revealed positive tenderness to palpation and "painful range of motion". Treatment to date has included electro-acupuncture (started in 2-2015), Vicodin and Flurbiprofen. As of the PR2 dated 6-29-15, the injured worker reports pain in his bilateral knees. The treating physician noted positive tenderness to palpation and painful range of motion. The injured worker is working full-time. The treating physician requested chiropractic treatments x 8 to the bilateral knees. The Utilization Review dated 7-20-15, non-certified the request for chiropractic treatments x 8 to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x 8 Bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Manipulation.

Decision rationale: The patient has not received chiropractic care for his bilateral knee injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Knee Chapter do not recommend manipulation to the knee. The patient is status post-surgery. The patient has undergone bilateral total knee replacement surgery in 2012. The post-surgical treatment period of 6 months has ended. The patient is 3 years post-surgery. I find that the 8 chiropractic sessions requested to the bilateral knees to not be medically necessary and appropriate.