

Case Number:	CM15-0161125		
Date Assigned:	09/03/2015	Date of Injury:	03/25/2011
Decision Date:	10/06/2015	UR Denial Date:	08/03/2015
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: 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:

This 56 year old female sustained an industrial injury on 3-25-11. She subsequently reported knee and low back pain. Diagnoses include chondromalacia of patella and lumbar spine sprain and strain. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints of right knee pain. Upon examination of the right knee, there was swelling noted. Right knee range of motion was reduced. Positive crepitus and positive grinding test was noted. A request for Chiropractic care including modalities/myofascial release, 2 times weekly for 4 weeks, right knee was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care including modalities/myofascial release, 2 times weekly for 4 weeks, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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; ; 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): pages 58/59.

Decision rationale: The August 3, 2015 utilization review document denied the treatment request for chiropractic treatment with modalities and myofascial release to the patient's right knee citing CA MTUS treatment guidelines. The reviewed medical records identified the right knee as demonstrating osteoarthritis for which a requested brace was approved. The reviewed records were addressed as illegible resulting in a request from the requesting physician for treatment reports, the total number of therapy visits completed and medications prescribed. The medical necessity for additional chiropractic care with modalities and myofascial release, six visits to the right knee was not supported by the reviewed medical records or CA MTUS chronic treatment guidelines. Therefore, the request is not medically necessary.