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| Case Number: | CM15-0166505 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 07/26/2000 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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, Minnesota

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 64 year old male who sustained an industrial injury on 07-26-2000. The injured worker was diagnosed with lumbar herniated nucleus pulposus. The injured worker is status post right total knee replacement in 2010. Treatment to date has included diagnostic testing, surgery, extensive post-operative physical therapy, chiropractic therapy and medications. According to the primary treating physician's progress report on July 13, 2015, the injured worker reported some progress with chiropractic therapy noting decreased low back pain, decrease in medication use and increased activities of daily living. Right knee continues with weakness with "giving out". Examination of the lumbar spine demonstrated pain of the paraspinal muscles with positive spasm and positive straight leg raise. There was decreased range of motion with quadriceps strength at 4 out of 5. The right knee examination noted instability. Current medications were not documented. Treatment plan consists of the current request for additional chiropractic therapy for the right knee with exercise and modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2x6 Right Knee: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the knee is not recommended. The doctor has requested chiropractic 2 times per week for 6 weeks (12 visits) to the right knee. The request for treatment is not according to the above guidelines, which do not recommend manipulation to the knee, and therefore the treatment is not medically necessary and appropriate. Also the patient has had a total right knee replacement according to the records in 2010.