

Case Number:	CM15-0167395		
Date Assigned:	09/08/2015	Date of Injury:	01/11/2014
Decision Date:	10/09/2015	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

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 33-year-old female who had an industrial injury on January 11, 2014 which resulted in left knee pain. Diagnosis was left knee sprain, and left knee derangement. Documented treatment includes surgery, physical therapy, and medication, but the injured worker continues to present with left knee pain and weakness. The treating physician's plan of care includes 12 sessions of chiropractic therapy for the left knee. Work status is totally temporarily disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the left knee, twice a week for six weeks: 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 rationale: The claimant presented with chronic left knee pain despite previous treatments with medications, physical therapy, and surgery. Reviewed of the evidences based MTUS guidelines noted chiropractic treatment for the knee is not recommended. Therefore, the request for 12-chiropractic treatment for this patient's left knee is not medically necessary.