

Case Number:	CM15-0167874		
Date Assigned:	09/08/2015	Date of Injury:	04/23/2013
Decision Date:	10/07/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/26/2015

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 56 year old female, who sustained an industrial injury on April 23, 2013. She reported sharp pain in her knees. The injured worker was diagnosed as having left knee sprain and strain, rule out left knee internal derangement and status post-surgery right knee (April 2015). Treatment to date has included medication, diagnostic studies and physical therapy with benefit. On August 17, 2015, the injured worker complained of frequent, moderate, stabbing and burning left knee pain with tingling and weakness. The pain was noted to radiate to her calf and foot with numbness and cramping. The treatment plan included chiropractic treatment three times a week for six weeks, Kinetic activities. A request was made for 18 additional visits of chiropractic treatment three times a week for six weeks, Kinetic activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment three (3) times a week for six (6) weeks (18 visits), Kinetic activities: 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, and Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Manipulation.

Decision rationale: The patient is status post right knee meniscectomy (April 2015). The patient has received chiropractic care for her knee injury in the past. The patient has also received 12 sessions of post-surgical physical therapy to the right knee. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Knee chapter do not recommend manipulation for the knee. The MTUS Post-Surgical Medical Treatment Guidelines does recommend 12 sessions of post-surgical physical medicine treatments. The patient has already been certified for and completed 12 sessions of post-surgical physical therapy. The number of post-surgical sessions allowed by The MTUS have been met. The 18 additional sessions far exceed The MTUS recommended number of sessions. I find that the 18 additional chiropractic sessions requested to the knees to not be medically necessary and appropriate.