

Case Number:	CM15-0195521		
Date Assigned:	10/09/2015	Date of Injury:	04/08/2014
Decision Date:	11/18/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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 59 year old female, who sustained an industrial injury on 04-08-2014. She has reported subsequent knee and back pain and was diagnosed with localized primary osteoarthritis of the left leg, degenerative joint disease of the left knee and flexion instability status post total knee replacement with persistent atrophy. Treatment to date has included pain medication, physical therapy and surgery, which were noted to have failed to significantly relieve the pain. Documentation shows that the injured worker underwent a left total knee arthroplasty on 04-29-2015 and had received multiple postoperative therapy treatments to date. In a progress note dated 09-09-2015, the injured worker was sent for a second opinion. The injured worker reported continued 8 out of 10 left knee pain that was noted to be better, but to have plateaued and become constant. The physician noted that there had been no improvement of symptoms despite physical therapy, pain management and time. The knee was noted to give way and weakness was observed along with swelling, stiffness and weakness. Objective examination findings revealed midline incision with range of motion from 0 to 125 degrees when compared to the contralateral side, significant amounts of atrophy rated at a level of 4- out of 5, 1 cm anterior translation in flexion, medial and lateral clunking in mid flexion and tenderness to palpation along Gerdy's tubercle and lateral portion of the patella. Work status was documented as temporarily totally disabled. The physician's plan was for conservative management followed by possible surgery. The plan included a custom ACL brace. The physician also recommended physical therapy for knee and back pain and a short course of chiropractic manipulation. A request for authorization of chiropractic evaluation and treatment 2 times per week for 4 weeks

(8 sessions) was submitted. As per the 09-23-2015 utilization review, the request for chiropractic evaluation and treatment was modified to certification of outpatient chiropractic evaluation and treatment six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic evaluation and treatment 2 times per week for 4 weeks (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Manipulation of the knee is not recommended by the above guidelines. The doctor has requested Chiropractic evaluation and treatment 2 times per week for 4 weeks or 8 sessions to an unspecified area of injury (knee and /or low back). The request for treatment (8 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate. The UR doctor correctly modified the treatment to 6 sessions with an evaluation. In order for the patient to receive more treatment the doctor must document objective functional improvement from these 6 approved visits.