

Case Number:	CM15-0196122		
Date Assigned:	10/09/2015	Date of Injury:	09/02/2014
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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(n) 53 year old male, who sustained an industrial injury on 9-2-14. The injured worker was diagnosed as having right knee joint pain and right knee medial meniscus tear. Medical records (5-28-15 through 8-26-15) indicated intermittent sharp medial right knee pain. The physical exam (7-31-15 through 8-26-15) revealed no effusion or swelling, full right knee range of motion with painful flexion and mild tenderness along the medial joint line. As of the PR2 dated 9-16-15, the injured worker reports intermittent sharp medial right knee pain. He is status post a right knee arthroscopy and indicated better pain at night and no knee locking. Objective findings include no effusion or swelling, full right knee range of motion with painful flexion and mild tenderness along the medial joint line. The treating physician noted that the injured worker is off work until 9-21-15 and then may return with modified duties. Treatment to date has included right knee arthroscopy on 7-10-15, right knee physical therapy x 12 sessions (started in 7-2015), Mobic and Norco. The treating physician requested six sessions of manual therapy techniques for the right knee. The Utilization Review dated 10-1-15, non-certified the request for six sessions of manual therapy techniques for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) session manual therapy techniques for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Knee and Leg, Physical Medicine Treatment.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, manual therapy is Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, Not medically necessary. Recurrences/flare-ups, Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. As the guidelines do not recommend manual therapy for the knee the request is not medically necessary.