

Case Number:	CM15-0197272		
Date Assigned:	10/12/2015	Date of Injury:	12/19/2014
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oriental Medicine

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 47 year old, male who sustained a work related injury on 12-19-14. A review of the medical records shows he is being treated for right knee pain. Treatments have included right knee surgery, 9 physical therapy sessions "good progress", and home exercises. In the Doctor's First Report of Occupational Injury or Illness dated 7-16-15, the injured worker reports frequent to constant moderate right knee pain with limited range of motion. In physical exam dated 7-16-15, he has 4 out 4 tenderness of tibial plateau and lateral collateral ligament area. He has a positive McMurray click, a positive patellar grind test and a positive duck waddle. Active and passive knee flexion and extension are "85%" normal. He is working. The treatment plan includes a request for chiropractic sessions. The Request for Authorization dated 7-22-15 has a request for chiropractor visits. In the Utilization Review dated 9-11-15, the requested treatment of 8 chiropractor visits for the right knee, 2x per week for 3 weeks then 1 visit per week x 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic visits for the right knee, 2 times a week for 3 weeks then 1 visit per week for 2 weeks: 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: The Chronic Pain Medical Treatment guidelines recommend manipulation for chronic pain. It recommends a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks is recommended. However, the guidelines do not recommend manipulation for knee pain. In addition, the provider's request for 8 chiropractic session exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request for 8 chiropractic sessions for the right knee is not medically necessary at this time.