

Case Number:	CM15-0204422		
Date Assigned:	10/21/2015	Date of Injury:	09/20/2014
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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 63 year old male, who sustained an industrial injury on 9-20-2014. The medical records indicate that the injured worker is undergoing treatment for right knee sprain-strain. According to the progress report dated 7-17-2015, the injured worker presented with complaints of right knee pain. On a subjective pain scale, he rates his pain 8 out of 10. The physical examination of the right knee reveals slight swelling and grinding. The current medications are Tylenol #3. Previous diagnostic studies include MRI of the right knee (5-6-2015). The MRI shows small knee effusion and soft tissue edema which is an acute finding. Treatments to date include medication management. Work status is described as modified duties. The original utilization review (10-12-2015) had non-certified a request for 12 chiropractic sessions to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

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 knee is not recommended. The doctor requested chiropractic 2 times per week for 6 weeks for the right knee. The request for treatment (to knee) is not according to the above guidelines(no knee), therefore the above treatment is not medically necessary and appropriate.