

Case Number:	CM15-0027962		
Date Assigned:	02/20/2015	Date of Injury:	10/27/2010
Decision Date:	04/06/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 38 year old male, who sustained an industrial injury on 10/27/2010. He reports right upper extremity pain and left knee pain. Diagnoses include left knee chondromalacia, left wrist de Quervain's tenosynovitis. Treatments to date include left knee steroid injection, left knee arthroscopy, hand splint, physical therapy and medication management. A progress note from the treating provider dated 12/10/2014 indicates the injured worker reported left wrist and left knee pain. On 1/14/2015, Utilization Review non-certified the request for 12 visits of Physiotherapy/Chiropractic care to the left knee, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Sessions of Physiotherapy/Chiro (3 x 4) Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 65, Chronic Pain Treatment Guidelines Physical Therapy, Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation 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 reevaluate. Based on the above, continuous chiropractic treatment is not recommended without periodic documentation of its efficacy. According to the September 10, 2014 progress report, the patient has undergone therapy following his left knee arthroscopy, with minimal to no improvement of his symptoms. Therefore, the request for 12 Sessions of Physiotherapy/Chiro (3 x 4) Left Knee is not medically necessary.