

Case Number:	CM15-0031414		
Date Assigned:	02/24/2015	Date of Injury:	10/20/2008
Decision Date:	04/07/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/19/2015

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
Certification(s)/Specialty: Chiropractic

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 41 year old female with an industrial injury dated October 20, 2008. The injured worker diagnoses include right knee patellofemoral syndrome. She has been treated with diagnostic studies and periodic follow up visits. According to the progress note dated 1/27/2015, the injured worker reported occasional pain and tender patella. The treating physician prescribed services for chiropractic therapy 2x6 for the right knee. Utilization Review determination on February 12, 2015 denied the request for chiropractic therapy 2x6 for the right knee, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2x6 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Knee Section. Decision based on Non-MTUS Citation ODG Knee Chapter, Manipulation Section/MTUS Definitions Page 1.

Decision rationale: This is a chronic case with a date of injury 2008. The patient has undergone arthroscopy, medial application and lateral release for the right knee. He has physical therapy and chiropractic care post-surgery. The MTUS Post Surgical Treatment Guidelines recommends 24 visits of post-operative manipulation over 10 weeks post surgery. The surgery was performed on 2011. The post-surgical physical medicine treatment period and the number of sessions allowed post-op have expired per the records reviewed. The PTP is requesting 12 additional chiropractic sessions to the right knee 4 years post-surgery. The ODG Knee Chapter does not recommend manipulation to the knee. Objective functional improvement with the past rendered chiropractic care has not been achieved per the PTPs records. The past chiropractic treatment records are not available for review. I find the 12 chiropractic sessions to the right knee to not be medically necessary and appropriate.