

Case Number:	CM15-0039293		
Date Assigned:	03/09/2015	Date of Injury:	01/02/2014
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old male, who sustained an industrial injury on 1/2/14. He has reported left knee injury after carrying dry wall and twisting the knee. The diagnoses have included left knee strain with patellofemoral arthropathy. Treatment to date has included medications, diagnostics, and 12 sessions of physical therapy. Currently, as per the physician progress note dated 12/15/14, the injured worker complains of chronic left knee pain with associated numbness and tingling and anxiety and depression. The physical exam of the left knee revealed quadriceps atrophy and persistent tenderness about the patellofemoral joint. There was some crepitus noted with knee excursion and a mildly positive patellofemoral grind. It was noted that the injured worker has had physical therapy, conservative care and medications however, the symptoms have persisted. Treatment plan was for medications Voltaren, Protonix, and Ultram, physical therapy, orthopedic consult and follow up. Work status was modified with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care/physical therapy two times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS section on manual therapy and manipulation, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions, and initial trial of six visits over two weeks is advised. Further sessions, up to a total of 18 visits, is appropriate with evidence of objective functional improvement. According to the documents available for review, the IW has chronic left knee pain. There is no rationale provided as to why chiropractic care would be helpful in alleviating the IWs chronic knee pain. Therefore, at this time the requirements for treatment have not been met, and medical necessity has not been established.