

Case Number:	CM15-0046135		
Date Assigned:	03/18/2015	Date of Injury:	04/04/2013
Decision Date:	04/20/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/11/2015

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:

This 46-year-old male sustained an industrial injury to the left knee on 2/11/10. Previous treatment included left knee arthroplasty, physical therapy and medications. In a PR-2 dated 1/12/15, the injured worker complained of intermittent moderate to severe sharp left knee pain associated with prolonged sitting, bending and kneeling. The injured worker reported loss of sleep due to pain. Physical exam was remarkable for a well-healed surgical site at the left knee status post left knee surgery with tenderness to palpation of the anterior knee, lateral joint line and lateral knee, decreased and painful range of motion and positive McMurray's test. The physician noted that x-rays dated 1/6/15 were unremarkable. Current diagnoses included left knee pain, status post left knee surgery and sleep disturbance. The treatment plan included magnetic resonance imaging left knee, follow up physical therapy for the left knee twice a week for six weeks, six acupuncture sessions, pain medicine consultation, home exercise kit, and an interferential unit to manage pain at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the knee is not recommended. The doctor requested Chiropractic therapy with no specification to what area, the amount of care and no length of time to treat the patient. Since the left knee is the only area mentioned in the documents, the knee will be the area of treatment considered in this report. The request of Chiropractic manipulation to the knee is not recommended according to the above guidelines, and therefore the treatment is not medically necessary.