

Case Number:	CM15-0053104		
Date Assigned:	03/26/2015	Date of Injury:	05/18/2011
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/20/2015

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:
Chiropractor, Oriental 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 was a 34 year old male, who sustained an industrial injury, March 18, 2011. The injured worker previously received the following treatments physical therapy, right knee MRI, right knee arthroscopic surgery March 21, 2014, right knee injections, Vicodin, Tramadol and Norco. The injured worker was diagnosed with right knee medial meniscus tear and minimal tri-compartmental arthritis. According to progress note of February 2, 2015, the injured workers chief complaint was right knee pain. The injured worker was status post arthroscopic right surgery March 21, 2014. The injured worker continued to take Vicodin and physical therapy for pain. The physical exam noted a complex mass on the lateral aspect of the right knee, which may need excision. The treating physician was trying to resolve the right knee pain first. The treatment plan included chiropractic services 1 times a week for 4 weeks for dry needling of the anterior scar tissue of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 x per week x 4 weeks for dry needling of the anterior scar tissue, Right Knee: 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 and manipulation Page(s): 58-60.

Decision rationale: The MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. However, the guidelines do not recommend manipulation for the knee. The patient has full range of motion in extension and 125 degrees in flexion. The knee was reported stable and there were no positive provocative test. In addition, dry needling is not an accepted medical procedure. The provider's request for 4 chiropractic session for dry needling of the anterior scar tissue is not medically necessary at this time.