

Case Number:	CM15-0055213		
Date Assigned:	04/16/2015	Date of Injury:	11/18/2014
Decision Date:	05/15/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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: Physical Medicine & Rehabilitation, 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 22-year-old male with an industrial injury date of 11/18/2014. His diagnoses include fracture of upper end of tibia (closed) and contusion of left knee. There were no prior treatments documented as this note is dated 11/19/2014. He presented on this date complaining of sharp, moderately severe pain in left knee. Physical exam noted tenderness of the left patella. Range of motion was limited. There was 5/5 muscle strength of the left lower extremities in extension and flexion. X-ray reports are documented as showing closed left tibial plateau fracture (preliminary interpretation). Treatment plan at this time included crutch training, knee immobilizer training and medications. The record dated 11/19/2014 is the only progress note available for review. The current request is for acupuncture 2 times 3 weeks for left knee sprain/contusion and chiropractic treatment with therapy 2 times 6 weeks for left knee sprain/contusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment with Therapy 2 x 6 weeks for Left Knee Sprain/Contusion:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractic treatment with therapy, Chronic Pain Medical Treatment Guidelines do not recommend manual therapy and manipulation for the knee. Within the documentation available for review, it is noted that the request is to treat a left knee sprain/contusion. In light of the above, the currently requested chiropractic treatment with therapy is not medically necessary.