

Case Number:	CM15-0084457		
Date Assigned:	05/06/2015	Date of Injury:	08/06/2012
Decision Date:	06/10/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/01/2015

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 64-year-old female, who sustained an industrial injury on 8/9/12. She reported pain in the bilateral shoulders, lower back and left knee. The injured worker was diagnosed as having status post left knee arthroscopy, meniscectomy and chondroplasty on 12/17/14, lumbar sprain and bilateral shoulder strain. Treatment to date has included physical therapy and Norco. As of the PR2 dated 3/4/15, the injured worker reports left knee improved with post-operative rehabilitation. Objective findings include tenderness to palpation over the peripatellar/medial joint line and weakness. The treating physician requested chiropractic services with exercises, modalities, manipulation and myo-fascial release two times a week for four weeks, then one time a week for four weeks for the left knee post-surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with exercises, modalities, manipulation and myo-fascial release two times a week for four weeks, then one time a week for four weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Knee Chapter, Manipulation Section.

Decision rationale: The patient has undergone left knee partial meniscectomy with chondroplasty. The procedure was performed in December of 2014. Following the surgery, the patient received 12 sessions of chiropractic care to the left knee. The MTUS Post-Surgical Treatment Guidelines recommends 12 sessions of chiropractic care over 12 weeks for meniscectomy. Additional treatment sessions may be warranted with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The medical and chiropractic treatment notes provided for review do not show objective functional improvement with the past chiropractic care completed. The maximum number of sessions recommended by The MTUS has been met post-surgery. I find that the 12 additional sessions of chiropractic care requested for the post-surgical left knee to be not medically necessary.