

Case Number:	CM15-0087114		
Date Assigned:	05/11/2015	Date of Injury:	01/07/2015
Decision Date:	06/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/06/2015

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

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 38 year old male, who sustained an industrial injury on 1/7/15. He has reported initial complaints of left knee injury after lifting a heavy box and turning to go down stairs he heard a pop in the left knee. The diagnoses have included lumbar strain/sprain, left knee joint pain, internal derangement of the left knee, right knee strain/sprain, depression and loss of sleep. Treatment to date has included medications, previous surgery to left knee in 2011, diagnostics, orthopedic consult, injections, physical therapy, knee supports, home exercise program (HEP) stretching exercises and activity modifications. Currently, as per the physician progress note dated 4/21/15, the injured worker was seen by another physician who recommended surgery. The left knee keeps locking, the pain is worse rated 8/10 on pain scale, both legs are sore, the left knee pain is throbbing pain and the pain is present with and without weight bearing and constant. The injured worker uses knee supports on the left and right knees and the pain extends to the left ankle. The pain is rated 8/10 at its worst. He also has low back pain when he stands or sits for prolonged periods. He also complains of depression, headaches, ringing in the ears, fatigue, not sleeping and stressed out. He has a history of a prior left knee surgery in 2011 from a work injury. The objective findings revealed TTP of the left knee. There were no other findings noted. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee dated 4/2/15 revealed mild edema likely post traumatic versus impingement and there is ill defined signal in the posterior horn medial meniscus felt to be secondary to developing myxoid degenerative signal without a definitive

meniscal tear. Work status is temporarily disabled. The physician requested treatment included Chiropractic therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Knee: not recommended Page(s): 58-59.

Decision rationale: The claimant presented with chronic knee pain. Previous treatments include medication, injections, physical therapy, prior surgery, home exercises, and chiropractic. Reviewed of the available medical records showed the claimant has had 12 chiropractic visits. Based on the evidences based MTUS guidelines, chiropractic treatments is not recommended for the knee. Therefore, the request for additional 12 chiropractic therapy is not medically necessary.