

<b>Case Number:</b>	CM13-0003058		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 34 year old female with date of injury 3/15/12. The treating physician report dated 7/2/13 indicates the patient has continued right knee pain and right ankle pain with a positive right knee MRI showing a tear in the posterior horn of the medial meniscus. The current diagnoses are: 1.Right knee internal derangement. 2.Righe ankle internal derangement. 3.Right shoulder impingement syndrome. The utilization review denial dated 7/19/13 denied chiropractic 3x4 and orthopedic consultation based on lack of guideline support for chiropractic treatment of the ankle and knee. The consultation was denied as the patient was not interested in surgery, but was instead seeking conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE 3 TIMES 4 FOR THE RIGHT KNEE AND ANKLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Guidelines, Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient presents with continued right knee and right ankle pain. There is positive MRI report of the right knee dated 6/28/13 that shows a complex nondisplaced tear of the posterior horn of the medial meniscus with subjacent subcentimeter para-meniscal cyst. The MTUS guidelines clearly state that chiropractic manipulation is not recommended for the ankle or the knee. Recommendation is for denial.

**ORTHOPEDIC EVALUATION FOR THE RIGHT KNEE:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , CONSULTATION,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page(s) 127.

**Decision rationale:** The patient presents with continued right knee and right ankle pain. There is positive MRI report of the right knee dated 6/28/13 that shows a complex nondisplaced tear of the posterior horn of the medial meniscus with subjacent subcentimeter para-meniscal cyst. The treating physician reported on 7/2/13 that the patient was not interested in surgery and that conservative care was her preference. However, the physician went on to state on 7/2/13 that "Although the patient is hesitant to have surgery, she would like to see an orthopedic surgeon to explore her surgical options. I am requesting authorization to send the patient to an orthopedic surgeon for possible surgery to her right knee." The ACOEM guidelines on page 127 recommend referral to a specialist. Recommendation is for authorization.