

Case Number:	CM14-0111828		
Date Assigned:	09/16/2014	Date of Injury:	07/19/2011
Decision Date:	11/13/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Chiropractic 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 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/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:

According to the available medical records, this is a 30-year-old male with chronic knees pain, date of injury is 07/19/2011. Previous treatments include right knee surgeries, physical therapy, medications, knee braces, TENS unit, and home exercises program. Progress report dated 06/13/2014 by the treating doctor revealed low back pain, right knee pain, 5/10, medications and TENS help with pain. Objective findings include decreased ROM, trigger point, tender to palpation, antalgic. Diagnoses include knee pain, status post-surgical, myofascial pain, meniscus tear, and iliotibial band syndromes. The patient remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/ Physiotherapy 2x Week x 3 Weeks Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Manual Therapy, and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The claimant presents with chronic knees pain that failed to improve with surgeries, physical therapy, TENS unit, medications and home exercise program. CA MTUS

guidelines do not recommend chiropractic treatments for knee pain. Therefore, the request for Chiropractic Treatments 2x3 for the Right Knee is not medically necessary.