MAXIMUS Federal Services

Case Number:	CM14-0123746		
Date Assigned:	09/16/2014	Date of Injury:	10/23/2013
Decision Date:	10/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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 Occupational Medicine 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:

The injured worker is a 46 year old male who sustained a cumulative injury on 12/20/2011. Prior medication history included Tylenol and Ibuprofen.Diagnostic studies reviewed include MRI of the left knee dated 05/29/2014 revealed oblique tear involving the posterior horn of the medial meniscus extending to the interior articular surface and Baker's cyst.Progress report dated 06/25/2014 documented the injured worker to have complaints of severe left knee pain that is constant and has associated weakness. He has limited range of motion as well. On exam, he has positive Apley's lateral left knee. The injured worker is diagnosed with left knee meniscal tear and left knee pain. The injured worker was recommended for chiropractic manipulation and adjunctive physiotherapy for left knee at two times a week for 4 weeks and functional capacity assessment. Prior utilization review dated 07/08/2014 states the request for Functional capacity evaluation (FCE); Chiropractic manipulation with adjunctive physiotherapy 2 times 4 for the left knee is not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Hardening Page(s): 37-8. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004); Independent Medical Examinations and Consultation, pages 137-8; Official Disability Guidelines (ODG); Functional Capacity Evaluation (FCE)

Decision rationale: According to MTUS guidelines, "there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." FCE's may be recommended prior to entrance into a work hardening program. According to ODG guidelines, an FCE may be considered if case management is hampered by complex issues and timing is appropriate. In this case a request is made for an FCE for a 46-year-old male diagnosed with left knee and left foot pain. However, records do not demonstrate complex issues that are hampering case management. There is no documentation of prior unsuccessful work attempt. The injured worker's injuries do not require detailed exploration of abilities. The injured worker is not at MMI. Medical necessity is not established; therefore, the request is not medically necessary.

Chiropractic Manipulation with Adjunctive Physiotherapy 2 Times 4 for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299,Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Physical Medicine Page(s): 58-60,98-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Manipulation and Physical Therapy Treatment.

Decision rationale: This is a request for 8 visits of chiropractic manipulation with adjunctive physiotherapy for the left knee in a 46-year-old male with medial meniscus tear. However, according to MTUS guidelines, manual manipulation is not recommended for the knee. Medical necessity is not established; therefore, the request is not medically necessary.