MAXIMUS Federal Services

Case Number:	CM14-0136603		
Date Assigned:	09/03/2014	Date of Injury:	07/27/2013
Decision Date:	11/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/25/2014

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 Licensed in Chiropractic, has a subspecialty in Chiropractic Sports Physician 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 56 year old male who was injured on 7/27/13 while working as a stock clerk stocking products/merchandise below waist level causing him to do a lot of squatting and kneeling. He injured both knees in the process. He was diagnosed with a left knee torn medial meniscus tear and bilateral DJD of the knees. The MRI's of both knees confirmed the diagnosis. A C.T. claim was also filed on 11/7/13 to include headaches, right eye, both shoulders, right calf, both knees, right foot, sleep, psyche & sexual dysfunction. MRI's of other areas of injury were also completed. An upper extremity NCV/EMG study was completed on 1/27/14 and was normal.An lower extremity NCV/EMG study was completed on 2/5/14 and revealed a normal EMG. The NCV study revealed a right peroneal neuropathy.Prior treatment has consisted of unknown amounts of physical therapy, medications, chiropractic care and Extracorporal Shockwave Therapy to different body parts to include the knees.The doctor is requesting Chiropractic treatment to the left knee 3x's/week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 x 4 Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

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

Decision rationale: According to the MTUS Chronic pain guidelines above Chiropractic manipulation is not recommended for the knees. Therefore the treatment is not medically necessary.