

Case Number:	CM14-0141040		
Date Assigned:	09/10/2014	Date of Injury:	06/05/2012
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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 a licensed Chiropractor 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 51 year old male with reported injury on 6/5/2012. According to an orthopedic report dated 8/8/2014, the patient stated that without specific incident he began to experience tightness, aching, soreness and discomfort in the left knee and sought treatment 2-3 years later on June 6, 2012. On this date, the patient was installing a water heater and felt a pop in his knee. An magnetic resonance imaging (MRI) scan was performed on 6/13/2012 and revealed a previous partial meniscectomy, chronic anterior cruciate ligament tear, partial posterior cruciate ligament tear, complete medial collateral ligament tear, complete popliteus tendon tear, chronic patellar tendon tendinopathy, Moderate to severe diffuse chondromalacia greater than the medial compartment with full thickness cartilage loss of the lateral tibial plateau. A physical examination revealed visible swelling of the right and left knee without indication of ranges of motion. Patellar reflexes were 1+ bilaterally. The patient has had bilateral total knee arthroplasty and received physical therapy sessions post-operatively. A request for 6 chiropractic sessions was previously denied by utilization review and the physician is requesting an appeal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions for the Right Knee Quantity: 6 Sessions: 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): 58-60.

Decision rationale: The patient has had bilateral total knee arthroplasty and has had physical therapy to some benefit. It is unclear what benefit chiropractic has over physical therapy for the condition indicated or what treatments would be performed as manipulation would not be recommended per California Medical Treatment Utilization Schedule (MTUS) guidelines for the knee. Therefore, the request is not medically necessary and appropriate.