

Case Number:	CM14-0160874		
Date Assigned:	10/06/2014	Date of Injury:	10/20/2012
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/30/2014

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 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 patient is a 45-year-old male born on 06/22/1969. The undated DWC Form IMR reports the patient's date of injury as 10/20 2012 regarding the request for authorization of chiropractic therapy for the bilateral knees at a frequency of 1 time per week for 6 weeks. The submitted clinical documentation does not report the mechanics or history of a 10/20/2012 injury. The patient presented for Agreed Medical Evaluation on 11/19/2013 regarding the most recent injury date of 10/26 2012. The patient was working and performing regular job duties as a custody assistant. The patient reported he did not have a lot in the way of left knee pain, and he only noted occasional complaints with cold weather. Regarding the right knee, he had some aching, soreness and stiffness, and sometimes there was popping and grinding, and he may have experienced swelling. Diagnoses were reported as history of right knee patellofemoral syndrome and status post previous rights knee arthroscopic surgery. The patient was determined permanent and stationary/MMI. On 03/12/2014, the patient presented for orthopedic re-evaluation of the bilateral knees. The patient was diagnosed with 1) bilateral knee osteoarthritis confirmed by x-rays, 2) bilateral knee catching, clicking, popping and locking symptoms, 3) industrial injury to the bilateral knees that is dated 12/20/2012, 4) history of left knee microfracture surgery in 2010 and right knee in 2006, and 5) MRI studies from 02/24/2014 of the bilateral knees showing medial meniscal tear and severe tricompartmental chondromalacia with a loose body present and right knee and left knee evidence of lateral meniscal tear. The patient was seen in orthopedic re-evaluation of the bilateral knees on 05/07/2014. Physical exam findings revealed left knee varus alignment, positive McMurray's sign, medial joint line tenderness, and right knee varus alignment with positive medial joint line tenderness. The patient exhibited positive patellofemoral crepitation bilaterally and range of motion lacked 3 of extension to 120 of flexion. Diagnoses remained unchanged from those reported on 03/12/2014. The provider recommended

chiropractic treatment at a frequency of 1 time per week for 6 weeks, reporting chiropractic conservative modality had alleviated the patient's symptoms in the past. This review is regarding medical necessity of the requested chiropractic treatment sessions to the bilateral knees at a frequency of 1 time per week for 6 weeks is not supported to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 1x6 bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): pages 58-60..

Decision rationale: The request for chiropractic treatment sessions to the bilateral knees at a frequency of 1 time per week for 6 weeks is not medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) does not support medical necessity for chiropractic treatment of knee complaints. MTUS reports manual therapy and manipulation are not recommended in the treatment of knee complaints. Additionally, this patient had reportedly received chiropractic treatments prior to the request on 05/07/2014, but there is no documentation providing evidence of efficacy with care rendered, no evidence of acute exacerbation, and no evidence of a new condition. MTUS (Chronic Pain Medical Treatment Guidelines) does not support medical necessity for the request for chiropractic treatment of the bilateral knees.