

Case Number:	CM14-0166387		
Date Assigned:	10/13/2014	Date of Injury:	03/13/2006
Decision Date:	11/13/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 57-year-old female who was injured on 3/13/06 while on tile surface with knee pads her knee popped and became swollen and painful. Her diagnosis is right knee strain/sprain with DJD and internal derangement. She has apparently received a lot of treatment over the years of medications, physical therapy, chiropractic care and acupuncture. Despite the internal derangement of the knee no surgery has been documented. There has been an unknown number of prior treatments and no documentation of the response to therapy. MRI's of the knee have been completed on 7/12/06, 02/02/07, and 6/10/14 that have confirmed the diagnosis of right knee DJD and internal derangement with effusion. The doctor is requesting Chiropractic treatment 8 to 12 visits with no apparent time frame.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment 8 to 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the MTUS Chronic Pain Guidelines manipulation to the knee is not recommended. Also there is no documentation that this requested treatment has been successful in the past. The amount of care and the response to care needs to be documented showing objective measurable gains in functional improvement as stated in the guidelines above. Therefore, Chiropractic Treatment 8 to 12 visits is not medically necessary.