

Case Number:	CM14-0172675		
Date Assigned:	10/23/2014	Date of Injury:	05/29/2014
Decision Date:	12/02/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	10/20/2014

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 Neurology; has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56-year-old man who sustained a work-related injury on may 20/9/2015. The subsequently he developed with the chronic pain. According to a progress report dated on September 26, 2014, the patient was complaining of right knee pain with swelling and limitation of range of motion. The patient physical examination demonstrated the right knee tenderness limited range of motion, positive McMurray test and mild muscle weakness in the right knee. The provider request authorization for 8 sessions of chiropractic care and Bionicare knee system.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of chiropractic care with exercise rehabilitation and modalities directed to the right knee: 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): 58.

Decision rationale: Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable

gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. MTUS guidelines do not recommend manual therapy for the treatment of knee disorders. Therefore Chiropractic treatments for 8 sessions is not medically necessary.

1 BioniCare Knee system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)) Durable medical equipment (DME).
<http://www.worklossdatainstitute.verioiponly.com/odgtwc/knee.htm#Durablemedicalequipment>

Decision rationale: According to ODG guidelines, Durable medical equipment (DME) Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). BioniCare Knee system is recommended for patient's in a therapeutic exercise program for possible arthritis, may be candidates for total knee arthroplasty back wants to defer surgery. There is no clear documentation of this case that the patient is attending a therapeutic exercise program. There is no clear documentation of knee also practice in this case. Therefore the request for BioniCare Knee system is not medically necessary.