

Case Number:	CM14-0180907		
Date Assigned:	11/05/2014	Date of Injury:	10/02/2013
Decision Date:	12/10/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 60 year old male with an injury date of 10/02/13. Based on the progress report dated 04/07/14 provided by [REDACTED], the patient complains of dull right knee pain rated at 2/10. Physical examination of the right knee reveals tenderness to palpations over the lateral aspect of the knee joint. Per progress report dated 02/24/14, the patient complains of right knee pain rated at 5/10 that gets worse with squatting and bending. Progress report dated 10/14/13 also reveals a dull knee pain rated at 3/10 along with lateral joint line tenderness. The patient underwent arthroscopy for his left knee on 12/18/13. He received 2x4 sessions of acupuncture for knee pain, report dated 09/18/14. The patient completed all sessions of physical therapy for the right knee, according to report dated 03/10/14. MRI of the Right Knee, 08/14/14- Degenerative Arthritis- Macerated Body and Posterior Horn of Lateral Meniscus- Fabella- Small Knee Joint Effusion with Fluid Extending into Suprapatellar Bursa Diagnosis, 04/07/14- Right knee sprain- Right knee lateral meniscal tear- Right knee internal derangement [REDACTED]. [REDACTED] is requesting for (a) 12 SESSIONS OF CHIROPRACTIC TREATMENT (b) FCE. The utilization review determination being challenged is dated 09/29/14. The rationale follows:(a) 12 SESSIONS OF CHIROPRACTIC TREATMENT - The ODG does not recommend manipulation for knee complaints.(b) FCE - "This request does not meet the adverse guidelines of the CA MTUS and ODG. Treatment reports were provided from 10/14/13 - 04/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Chiropractic Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Manipulation

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

Decision rationale: MTUS Guidelines on pages 58 and 59 state "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. "However, for knee: not recommended. The request is for right knee pain. Recommendation is not medically necessary.

FCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM chapter 7, FCE Page(s): 137-139.

Decision rationale: MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In the latest progress report dated 04/07/14, the treater says that "the patient may return to his full work duty at this time without any restrictions." Also, the progress reports do not mention a request from the employer or claims administrator. The treater does not explain why this information is crucial. FCE does not predict a patient's ability to perform in the workplace. Recommendation is not medically necessary.