

Case Number:	CM14-0185559		
Date Assigned:	11/13/2014	Date of Injury:	02/27/2014
Decision Date:	12/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 2/27/2014. Per primary treating physician's comprehensive orthopedic evaluation and request for authorization dated 10/21/2014, the injured worker complains of left lower extremity pain rated at 6-7/10 in severity. He states that he did begin acupuncture therapy however this did increase the severity of his subjective pain levels while he was undergoing that form of therapy. He recently underwent surgery and has been taken off of work completely. He felt as though the symptomology over the left lower extremity had begun to heal due to his inactivity, however, this conservative measure of treatment did elicit significant pain and discomfort over that extremity at this time. He is currently utilizing Voltaren gel 1% and states that he has some mild improvement when utilizing that medication. On examination, the left knee range of motion is extension to 0 degrees and flexion to 120 degrees. He was mildly tender to palpation over the left lateral tibiofemoral joint space as well as over the posterior popliteal space laterally of the left knee. He was able to reach the extremes in the range of motion over the left knee, however, this did elicit significant pain and discomfort over the lateral tibiofemoral joint space. Patella grind test was negative. McMurray's test was positive eliciting moderate discomfort over the left lateral tibiofemoral joint space. Strength was measured to be a 4/5 as he flexed and extended the left knee against resistance as compared to the right knee. Anterior and posterior drawer tests were negative. There is no increased laxity observed as valgus and varus stress was applied. Diagnoses include 1) small inferior surface tear of the posterior horn of the lateral meniscus per MRI of 9/5/2014 2) small superficial chondral defect at the lateral femoral condyle located near the posterior horn of the meniscus and involving a depth of less than 50% per MRI of 9/5/2014 3) baker's cyst of the left knee per MRI of 9/5/2014 4) low grade lateral mid foot sprain of the ligaments as described in MRI of 4/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of chiropractic manipulation, physiotherapy treatments: 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 Manual Therapy & Manipulation Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Chiropractic care is not recommended for knee and ankle conditions. The requesting physician explains that the request for physiotherapy is to concentrate over the left knee and left ankle in order to improve the injured worker's functional restoration following the diagnosis of meniscus tear from MRI of 9/5/2014. The request for twelve sessions of chiropractic manipulation, physiotherapy treatments is determined to not be medically necessary.

Twelve sessions of acupuncture treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. Twelve sessions of acupuncture is not consistent with the recommendations of the MTUS Guidelines. The request for twelve sessions of acupuncture treatments is determined to not be medically necessary.