

Case Number:	CM14-0191274		
Date Assigned:	11/25/2014	Date of Injury:	10/28/2011
Decision Date:	01/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/17/2014

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:

Patient is a 55 year old female who injured her right knee on 10/28/2011. The patient is status post-surgical for her right knee (arthroscopy/meniscectomy). The patient injured his left knee while performing his duties as a construction worker. Per the PTP's progress report the patient complains of "persistent pain and discomfort in the injured right knee." The patient has been treated with medications, surgery, psychotherapy and chiropractic care (12 post-surgical sessions). The diagnoses assigned by the PTP are torn medial meniscus, complex tear lateral meniscus, chronic synovitis and grade 4 chondromalacia (status post-surgery). An MRI study of the right knee has confirmed the meniscus tear. The PTP is requesting 6 sessions of post-operative chiropractic care to the right knee with exercises, modalities, manipulation and myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with exercises, modalities, manipulation, and myo-fascial release to right knee; in house, two times a week for three weeks (2x3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient has suffered an injury to her right knee. The patient has undergone surgical meniscus tear repair. She has received 12 sessions of chiropractic care for this injury post-surgery, per the chiropractic record provided. The MTUS does not recommend manipulation for the knee. However, The MTUS Post-Surgical Treatment Guidelines recommends 12 visits of post-operative physical medicine treatment over 12 weeks for meniscus tear repair surgery. The patient has completed the 12 chiropractic sessions. The additional 6 sessions requested exceed the MTUS recommendations. I find the 6 additional post-surgical chiropractic sessions to the right knee with exercises, modalities, manipulation and myofascial release to not be medically necessary and appropriate.