

Case Number:	CM14-0216213		
Date Assigned:	01/06/2015	Date of Injury:	08/30/2005
Decision Date:	02/23/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old male who suffered an industrial related injury on 8/30/05. A physician's report dated 8/19/14 noted the injured worker had complaints of left knee pain. The injured worker received an injection of Synvisc One viscosupplementation on 8/19/14. The physical examination revealed tenderness over the medial compartment and patellofemoral articulation with positive patellofemoral crepitation and no effusion. Diagnoses included left knee posttraumatic arthritis and status post left knee arthroscopic debridement in 2006. On 12/2/14 the utilization review (UR) physician modified the requests for 12 chiropractic visits and 12 physical therapy visits for the left knee. Regarding physical therapy, the UR physician noted there was no documentation of any recent physical therapy sessions. The Medical Treatment Utilization Schedule guidelines support physical therapy sessions for reeducation, reinstruction, and updating the home exercise program. Therefore the request was modified. Regarding chiropractic treatments, the UR physician noted an initial trial of 6 sessions of manipulation would be medically indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 Time A Week for 12 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

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

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain but not recommended for the knee. Time to produce effects in other cases is 4-6 weeks. In this case, the claimant had knee complaints. Chiropractor sessions are not indicated for knee complaints and the 12 sessions exceeds the guideline limits. The request above is not medically necessary.

Physical Therapy 2 Times A Week for 6 Weeks to The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation knee pain- physical therapy

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. According to the ODG guidelines, medical treatment for knee strains and therapy limit it to 9 sessions of physical therapy. There is no indication that the therapy cannot be completed at home. The amount requested exceeds the guideline recommendations. The request for 12 sessions of therapy for the knee is not medically necessary.