

Case Number:	CM14-0219168		
Date Assigned:	01/09/2015	Date of Injury:	02/05/2014
Decision Date:	03/09/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 injured worker is a 54-year-old female, with a reported date of injury of 02/05/2014. She has reported left knee pain. The diagnoses have included left knee sprain, and unspecified internal derangement of the left knee. Currently, the injured worker complains of left knee pain, and noted that the pain was improving. No objective findings were provided by the treating provider in the medical records provided for review. The rationale for the request was not indicated. Treatments have included an MRI of the left knee on 08/20/2014, which showed intrasubstance degeneration and possible medial meniscus tear, and chiropractic treatment. On 12/08/2014, Utilization Review non-certified the request for chiropractic treatment for the left knee two (2) times a week for four (4) weeks, and noted that there was no documentation of objective functional orthopedic test and a treatment plan, and the MRI findings did not have an impression from the radiologist and was incomplete. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xWk x 4Wks Left Knee: Upheld

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

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X4 chiropractic sessions for left knee pain which were non-certified. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with chiropractic already approved/rendered that would substantiate a medical indication for additional care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Requested visits exceed the quantity supported by cited guidelines. Furthermore MTUS guidelines do not recommend Chiropractic for knee pain. Per review of evidence and guidelines, 2X4 Chiropractic visits are not medically necessary.