

Case Number:	CM14-0044648		
Date Assigned:	07/02/2014	Date of Injury:	07/28/2005
Decision Date:	06/16/2015	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/11/2014

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 (IW) is a 61-year-old male who sustained an industrial injury on 07/28/2005. Diagnoses include status post joint replacement-knee, medial meniscus tear of the knee and localized primary osteoarthritis-lower leg. Treatments to date include medications, bracing and physical therapy. According to the progress notes dated 3/12/14, the Injured Worker reported mild, dull, medial right knee pain with weakness and instability; he is status post right total knee arthroplasty on 10/11/11. He stated the unloader brace somewhat helpful. On examination, range of motion of the right knee was 0-125 and there was tenderness to palpation over the pes anserinus. Quad strength was 4/5. A request was made for chiropractic treatment once a week for six weeks for the right knee for manipulation and to perform Graston technique/dry needling to the pes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 time per week for 6 weeks on the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; ; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; ; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): (s)58/59.

Decision rationale: The UR determination of 3/24/14 denied the request for Chiropractic manipulation to the injured knee citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect the patient status post knee arthroplasty with residual deficits necessitating manual therapy. The UR determination along with the request for additional review on Appeal found no evidence of medical necessity or evidence based support in the CAMTUS Chronic Treatment Guidelines for 6 manipulation visits to the knee. Therefore the request is not medically necessary.