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| Case Number: | CM15-0016076 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 10/03/2000 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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: Chiropractic

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 64 year old female, who sustained an industrial injury on October 3, 2000. She has reported right knee pain. The diagnoses have included osteoarthritis of the right knee. Treatment to date has included medications and chiropractic care. A progress note dated December 30, 2014 indicates a chief complaint of continued knee swelling and pain when going up stairs. Physical examination showed no effusion of the knee and right medial joint line tenderness. The treating physician requested eight additional chiropractic sessions to restore range of motion and improve strength. On January 9, 2015 Utilization Review denied the request for chiropractic sessions citing the MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of chiropractic care for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Knee Chapter

Decision rationale: The patient has received prior chiropractic care for her right knee. The MTUS Chronic Pain Medical Treatment Guidelines does not recommend manipulative care for the knee. The ODG Knee Chapter does not recommend manipulation for the knee. The PTP describes some Improvements with treatment but no objective measurements are listed. The records provided by the primary treating physician do not show objective functional improvements with ongoing chiropractic treatments rendered. The prior chiropractic treatment records are not available in the materials provided for review. I find that the 8 additional chiropractic sessions requested to the right knee to not be medically necessary and appropriate.