

Case Number:	CM15-0118092		
Date Assigned:	06/26/2015	Date of Injury:	04/22/2007
Decision Date:	07/31/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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 58 year old male who sustained an industrial injury on 04/22/2007 while driving on the freeway he struck a body lying in the road, exited his truck and stepped on a tray and fell injuring his left knee. The injured worker was diagnosed with lumbar sprain/strain and left knee arthropathy. The injured worker underwent left total knee arthroplasty in October 2005 and gastric sleeve in March 2014. Treatment to date has included diagnostic testing, knee surgery, physical therapy, home exercise program, chiropractic therapy (8 sessions completed), knee brace, injections and medications. According to the primary treating physician's progress report on May 5, 2015, the injured worker continues to experience low back pain, right and left knee pain. The injured worker rates his right knee pain level at 6/10 and left knee at 4/10. Several documents within the submitted medical records are difficult to decipher. An interim examination on April 2015 documented restricted and painful range of motion with bilateral Kemp's test. Articular dysfunctions were checked as joint edema, joint capsulitis, muscle splinting and tenderness with palpation and deep and superficial myospasm with pain on percussion of the spinous processes. Knee improvement after weight loss was documented. Current medication was noted as Norco. Treatment plan consists of the current request for additional chiropractic therapy twice weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment (2X4) Qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation ODG Knee Chapter, Manipulation Section.

Decision rationale: The patient has received chiropractic care for her left knee injury in the past. The patient is status post total left knee replacement. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines does not recommend manipulation to the knee. The ODG knee Chapter does not recommend manipulation. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 8 additional chiropractic sessions requested to the left knee is not medically necessary and appropriate.