

Case Number:	CM15-0125752		
Date Assigned:	07/10/2015	Date of Injury:	02/10/2014
Decision Date:	09/01/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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:
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 57 year old male who sustained an industrial injury on 02/10/2014. He reported a repetitive work injury for the upper extremity and specific work injury to the right knee. The injured worker was diagnosed as having: Lumbar spine herniated nucleus pulposus; Right knee internal derangement; Right elbow lateral epicondylitis; Right hand 4th digit trigger finger; Myospasm. Treatment to date has included right knee arthroscopy (10-14-2014) with a course of postoperative therapy. Currently, the injured worker complains of lower back pain and right knee pain that he rates as an eight on a scale of one to ten, in addition to right elbow that he rates as a seven out of ten and right hand and wrist pain. On examination, there was tenderness to the lumbar, decreased range of motion and spasm, tenderness to the right knee with decreased range of motion, tenderness to the right elbow lateral epicondyle, and tenderness to the right hand 4th digit trigger finger. The worker received extracorporeal shockwave treatment of the right knee x6. A request for authorization was made for the following: Chiropractic treatment, Right Knee, 3 times wkly for 4 wks., 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Right Knee, 3 times wkly for 4 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

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; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; : 2009; 9294.2: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of June 5, 2015 denied the treatment request for 12 Chiropractic manipulation visits to the patients right knee citing CAMTUS Chronic Treatment Guidelines. The patient was reported as status post knee arthroscopy with post operative therapy. The provider was requesting a referral for manipulative care, 12 sessions that per CAMTUS Chronic Treatment Guidelines is not recommended. The medical necessity to exceed treatment guidelines that do not recommend manipulation to the knee was not provided or comply with referenced CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.