

Case Number:	CM15-0175636		
Date Assigned:	09/16/2015	Date of Injury:	12/05/2006
Decision Date:	10/28/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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 is a 50 year old male, who sustained an industrial injury on December 5, 2006. He reported bilateral knee pain. The injured worker was diagnosed as having lumbar spine strain, bilateral knee pain, bilateral knee internal derangement, bilateral knees sprain and strain injury, bilateral knee replacements and bilateral knee surgeries. Treatment to date has included diagnostic studies, surgical interventions of the bilateral knees with "no help", physical therapy with "limited benefit", injections with "no help" and medications. Currently, the injured worker continues to report lumbar pain, bilateral knee pain with an antalgic gait and painful range of motion. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on March 18, 2015, revealed continued pain as noted. It was noted he was working part time without restrictions. He rated his bilateral knee pain at 6 on a 1-10 scale with 10 being the worst. He noted there was tingling and numbness of bilateral knees. Knee range of motion was noted as full. Medications were continued and myofascial release was recommended. There was noted swelling in the knees. Evaluation on June 29, 2015, revealed continued pain as noted. He noted Flubiprofen helped the pain and allowed him to stay active and working. He was noted to be working full time. The RFA included requests for chiropractic treatment for the bilateral knees # 8 and was non-certified on the utilization review (UR) on August 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment For The Bilateral Knees # 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The utilization review document of 8/17/15 denied the treatment request for eight sessions of chiropractic treatment to the patient's bilateral knees citing CA MTUS chronic pain medical treatment guidelines. The patient's past medical history addressed both lumbar spine and knee deficits as contained in the AME report as well as medical management which included electro-acupuncture. The request for manipulation of the patient's bilateral knees was not accompanied by any subjective complaints only the diagnostic impression of internal derangement and sprain. The medical necessity for the introduction of manipulative therapy to the bilateral knee areas was not supported by the reviewed medical records or in compliance with CA MT US chronic treatment guidelines.