

Case Number:	CM15-0064253		
Date Assigned:	04/10/2015	Date of Injury:	05/03/2014
Decision Date:	05/14/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/04/2015

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 42 year old female, who sustained an industrial/work injury on 5/3/14. She reported initial complaints of left knee and left shoulder, left elbow, and left wrist pain. The injured worker was diagnosed as having left shoulder bursitis, left shoulder impingement syndrome; left wrist internal derangement; left knee sprain, strain with medial and lateral meniscus tears, chondromalacia patella, left knee osteoarthropathy and effusion. Treatment to date has included medication, surgery (arthroscopic left knee subtotal medial and lateral meniscectomy on 9/25/14, and diagnostics. MRI results were reported on 7/10/14 and 1/22/15. Currently, the injured worker complains of left knee pain that rated 5/10. Per the primary physician's progress report (PR-2) 1/20/15 noted diffuse tenderness to the left knee, painful patellofemoral crepitus throughout range of motion, positive McMurray's to the medial and lateral joint line. Muscle motor strength was 5-/5 to the quadriceps. Gait was mildly antalgic. The requested treatments include chiropractic treatment for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of chiropractic treatment for the left 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 Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The MTUS guidelines recommend manual therapy and manipulation for chronic pain. However, the guidelines do not recommend manual therapy and manipulation for the knee. Therefore, the provider's request for 12 chiropractic sessions for the left knee is not medically necessary at this time.