

Case Number:	CM15-0065876		
Date Assigned:	04/14/2015	Date of Injury:	01/29/2015
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/08/2015

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:

This 49 year old male sustained an industrial injury to the left knee, bilateral legs and left hand on 1/29/15. Previous treatment included computed tomography, physical therapy and medications. In a progress note dated 3/19/15, the injured worker reported that physical therapy had helped his left knee range of motion and endurance; however he still had complaints of increased pain and stiffness at the extremes of flexion and extension affecting his ability to squat and climb. The injured worker also had new complaints of low back pain developed while using crutches for his knee injury. Physical exam was remarkable for left knee with mild tenderness to palpation and restricted range of motion with 4/5 strength upon flexion and extension and lumbar spine with mild tenderness to palpation over the spinous process of the lower lumbar spine paraspinal musculature. The treatment plan included continuing daily home walking, a final round of six physical therapy sessions and six sessions of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, 2 times a week for 3 weeks (6 sessions) for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 348.

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 6 chiropractic treatment for knee which was non certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. ACOEM guidelines do not recommend Chiropractic for knee pain. Per guidelines and review of evidence, 6 Chiropractic visits are not medically necessary.