

Case Number:	CM15-0069957		
Date Assigned:	04/17/2015	Date of Injury:	06/12/2014
Decision Date:	05/18/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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 54 year old male who sustained an industrial injury on 06/12/14. Initial complaints include right knee pain. Initial diagnoses are not addressed. Treatments to date include Chiropractic care, physical therapy, injection therapy, and medications. Diagnostic studies include x-rays and a MRI. Current complaints include constant right knee pain. Current diagnoses include medial meniscus tear, right knee, chondromalacia of the right knee, subacute bone bruise in the right medial tibial plateau, stress fracture of the right medial tibial diaphysis, healed, and large hematoma right distal leg/tibia. In a QME report dated 03/06/15, the evaluator reports the plan of care as a right knee arthroscopy, Chiropractic care, a topical anti-inflammatory cream. The requested treatment is Chiropractic care 6 sessions to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of chiropractic care to the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

Decision rationale: The UR determination of 3/13/15 denied 6 sessions of Chiropractic care to the patient's knee citing CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflect that prior to this request, 12 sessions of Chiropractic care were provided with no documentation of functional improvement. The reviewed records of Chiropractic care are not supported by referenced CAMTUS Chronic Treatment Guidelines for 6 additional visits; the medical necessity for additional care was not provided in the records reviewed. Therefore, the request is not medically necessary.