

Case Number:	CM15-0071438		
Date Assigned:	04/21/2015	Date of Injury:	06/12/2014
Decision Date:	05/28/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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, Minnesota
Certification(s)/Specialty: Chiropractor

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 59 year old female, who sustained an industrial injury on 06/12/2014. According to a partially legible handwritten progress report dated 04/07/2015, the injured worker was seen for neck pain, low back pain and knee pain. Diagnoses included cervical pain, shoulder pain, low back pain and knee pain. Currently under review is the request for 12 additional outpatient chiropractic therapy for the knee 2 sessions per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Outpatient Chiropractic therapy for the knee 2 sessions per week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/knee>; Table 2, Summary of recommendations, Knee disorders. (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 & 59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the knee is not recommended. The doctor requested 12 additional outpatient Chiropractic therapy for the knee 2 sessions per week for 6 weeks. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.