

Case Number:	CM15-0076657		
Date Assigned:	04/28/2015	Date of Injury:	10/21/2014
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 70 year old female, who sustained an industrial injury on 10/21/14. She reported initial complaints of left leg and foot. The injured worker was diagnosed as having left knee lateral meniscus tear; left knee medial meniscus tear; left knee sprain/strain; cervical radiculitis; cervical sprain/strain; lumbar radiculitis; lumbar spine sprain/strain; anxiety; depression. Treatment to date has included physical therapy. Diagnostic studies included x-rays of left knee 3 views (10/21/14 and 1/29/15); MRI left knee (11/24/14); x-rays cervical and lumbar spine (1/14/15). Currently, the PR-2 notes dated 12/31/14 indicated the PR-2 notes dated indicated the injured worker complains of left knee pain. She complains of intermittent mild to moderate neck pain and stiffness that radiates down to the mid back. She complains of intermittent to frequent mild achy low back pain, stiffness, numbness, tingling and weakness radiating to the left knee. The left knee pain gets worse with walking, standing and bending. The injured worker does not use an assistive device or supports. Her motor strength is 5+/5 bilaterally in the upper and lower extremities There is tenderness to the C3-C7 and T8-T12 spinous processes and paraspinous structures at C4-C7 and right T6-T12. Lumbar spine notes tenderness to palpation L3-L5 spinous processes. The left knee is tender at the medial tibial condyle and intra patellar tendon, lateral tibial condyle and lateral tuberele. She notes difficulty falling asleep, frequent awakening at night, daytime sleepiness, restless. The provider requested chiropractic care of the left knee, twice weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care of teh left knee, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 - 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic, Page 95 Manual therapy & manipulation Page(s): 95.

Decision rationale: MTUS guidelines state regarding Chiropractic care, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities." Regarding this patient's case, it is noted that she has had prior Chiropractic therapy, but how many sessions she has previously completed or what functional improvement she had with them is not specified. A 3/24/2015 initial medical report specifically notes that in 12/2014 he was started on conservative medical management that consisted of Chiropractic care. Likewise, based off the information available, the medical necessity of additional Chiropractic therapy sessions cannot be established. Therefore, the requested medical treatment is not medically necessary.