

Case Number:	CM15-0094455		
Date Assigned:	05/21/2015	Date of Injury:	02/12/2014
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/18/2015

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: Chiropractic

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 56 year old female, who sustained an industrial injury on February 12, 2014. The injured worker was diagnosed as having left knee sprain. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included medication. A progress note dated March 27, 2015 the injured worker complains of left knee pain and buckling. She reports it unchanged since last visit. Physical exam notes tenderness with diffuse swelling, positive McMurray's and crepitus. There is decreased range of motion (ROM). It is noted the injured worker would like to continue conservative treatment instead of surgery at this time. The plan includes a request for an initial trial of 8 sessions of chiropractic care to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Knee Chapter, Manipulation Section.

Decision rationale: The patient has not received chiropractic care for her left knee injury in the past. The patient would like to explore conservative treatment before considering surgery per the PTP's notes. The patient has received meniscus repair surgery in 2008 per the records provided. Her current date of injury is 2/12/2014. She has received physical therapy in the past for her current injury. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Knee Chapter does not recommend chiropractic care/manipulation for the knee. I find that the initial trial of 8 sessions of chiropractic care requested to the left knee to not be medically necessary and appropriate.