

Case Number:	CM15-0099189		
Date Assigned:	06/01/2015	Date of Injury:	07/05/2011
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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 61-year-old male with an industrial injury dated 7/05/2011. The injured worker's diagnoses include right knee chondromalacia, right knee internal derangement, right knee lateral meniscus tear status post-surgery of the right knee, left knee sprain/strain, right foot sprain/strain, right ankle/foot difficulty walking, bilateral plantar fasciitis, status post-surgery, left foot pain, left foot sprain/strain and altered gait. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/22/2015, the injured worker reported bilateral knee pain and bilateral foot pain. Objective findings revealed tenderness to palpitation of bilateral knee and tenderness to palpitation of the right and left foot with muscle spasms. The treating physician prescribed eight chiropractic treatments now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested 8 chiropractic visits over an unspecified period of time to apparently the knee. The above guidelines do not recommend manipulation to the knee and therefore the treatment is not medically necessary.