

Case Number:	CM13-0045902		
Date Assigned:	12/27/2013	Date of Injury:	07/10/2013
Decision Date:	01/28/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Chiropractor (DC), has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 50 year old male who injured his right wrist and right knee on 07/10/2013. The mechanism of injury is described as a car accident. Per the PTP's progress report the patient complains of "right knee pain and to a lesser extent right hand pain." The patient has been treated with medications, wrist brace, knee brace, injections, physical therapy and chiropractic care. The diagnoses assigned by the PTP are is right hand/wrist pain and traumatic exacerbation of degenerative joint disease right knee. An X-ray study of the right wrist and hand has been negative for fractures and revealed mild osteoarthritis of the first CMC DIP joints. An X-ray study of the right knee has been negative for fractures. It has revealed mild osteoarthritis. An MRI study of the right knee has revealed chondromalacia within the medial and patellofemoral compartments with complex tear of the body and posterior horn of the medial and lateral meniscus. The PTP is requesting 8 additional sessions of chiropractic care to the right knee and right wrist with exercises and modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic sessions with exercise and modalities for the right knee and right wrist (between 11/6/13 and 12/6/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist & Hand and Knee Chapters, Manipulation Sections.

Decision rationale: The patient has suffered an injury to his right knee and wrist after being struck by another vehicle. The patient has been treated with 12 sessions of chiropractic care with the focus of the care on modalities such as paraffin baths, ultrasound and EMS. The chiropractic progress reports do not show any objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The progress of the patient with the chiropractic care rendered is described by the physician in phrases like "a little better, same as before and nagging pain continues." There are no objective measurable findings such as range of motion pain levels throughout and during the course of treatment. The MTUS ODG Wrist and Hand and Ankle and Foot Chapters state that manipulation is "not recommended". Given that the request is for 8 sessions, which far exceeds this recommendation by MTUS and that no objective functional improvement has been demonstrated, I find that the 8 additional chiropractic sessions to right knee and wrist with exercises and modalities to not be medically necessary and appropriate.