

Independent Medical Review Final Determination Letter

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Dated: 12/27/2013

IMR Case Number:	CM13-0019074	Date of Injury:	07/30/2012
Claims Number:	[REDACTED]	UR Denial Date:	08/19/2013
Priority:	STANDARD	Application Received:	09/03/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Acupuncture and Chiropractic, 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

Claimant is a 54 year old male who was involved in a work related injury on 7/30/2012. His primary diagnoses are sprain of the knee and leg and post arthroscopic surgery on knee. His current symptoms are headaches, low back pain, left hip pain, and left knee pain. He has difficulty with lifting, pushing, pulling, bending and kneeling. He is off work and on oral pain medications. He underwent knee surgery on 2/13/13 and a repeat surgery on 8/15/13 due to a recurrent tear. The patient had chiropractic and physical therapy following the first surgery until he we ordered to stop due to the recurrent tear. According to review note on 10/14/2013, the claimant has had 8 therapy visits since 8/15/2013. However, it is unclear whether the 8 therapy referenced are chiropractic sessions. There are no detailed examination notes since his second surgical procedure or documentation of treatments rendered.

IMR DECISION(S) AND RATIONALE(S)

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

1. Twelve (12) post-operative chiropractic visits for the left knee is not medically necessary and appropriate.

The Claims Administrator based its decision on the CA MTUS, Manual therapy and manipulation

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines manual Therapy and Manipulation, page(s) 58-60, which is part of the MTUS, Chronic Pain Medical Treatment Guidelines manual Therapy and Manipulation,

page(s) 58-60, which is part of the MTUS, Official Disability Guidelines (ODG)Knee , Chiropractic, which is not part of the MTUS, and 9792.24. 3, Postsurgical Treatment Guidelines, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

According to evidence based guidelines, knee surgery warrants post surgical physical medicine treatment. Of the 5 procedures performed on 8/15/2013, manipulation under anesthesia for the knee warrants the most post surgical physical medicine treatments. The MUA recommendation is 20 visits over 4 months. According to Post-surgical treatment guidelines, an initial trial consists of half the visits specified in the general course. For the claimant, an initial trial would be 10 visits. Therefore a request of 12 visits exceeds the guideline for an initial trial. Also, it is unclear whether the claimant has already had post surgical chiropractic care. If this is not an initial request, functional improvement must be demonstrated for further care. Furthermore, chiropractic therapy is not recommended for the knee under MTUS or ODG guidelines. Therefore the requested treatment is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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