

Case Number:	CM14-0180852		
Date Assigned:	11/05/2014	Date of Injury:	05/06/2003
Decision Date:	12/10/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Oriental Medicine 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:

The patient is a 57-year-old male with a date of injury of 5/06/2003. According to the progress report dated 9/05/2014, the patient complained of left knee and ankle pain. Significant objective findings include marked swelling on the lateral aspect of the left ankle and mild swelling of the medial aspect of the left ankle, tender to touch across the lateral aspect of the ankle joint, negative Thompson's squeeze test, and negative posterior and anterior drawer test. There was mild swelling over the left knee, tenderness over the medial joint line, and positive McMurray's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six chiropractic visits for the left knee and left ankle: 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 Manual therapy & manipulation.

Decision rationale: The MTUS guidelines recommend manipulation for chronic low back pain. However, it does not recommend manipulation for the knee, ankle, and foot. Therefore, the provider's request for 6 chiropractic sessions for the knee and ankle are not medically necessary.

