

<b>Case Number:</b>	CM13-0006166		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This is a 39 year-old female who was injured on 6/2/11. She has been diagnosed with left knee patellofemoral syndrome; lumbar HNP, s/p left meniscectomy; and left leg radiculopathy. According to the 7/22/13 report from [REDACTED], the patient presents with low back and left knee pain. The left knee cortisone injection gave temporary relief. [REDACTED] requests chiropractic care 2x6. On 7/24/13 UR modified the request to allow a trial of 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTIC TWO TIMES SIX: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES AND OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHIROPRACTIC TREATMENT AND MANUAL THERAPY & MANIPULATION Page(s): 30,58.

**Decision rationale:** According to the 7/22/13 report, the patient presents with low back and left knee pain. The California MTUS Guidelines do not recommend chiropractic care for knee conditions, and for the lower back, recommends a trial of 6 sessions, to allow for documentation of objective functional improvement. The initial request for 12 sessions of chiropractic care will exceed the MTUS recommendations for the trial.