

<b>Case Number:</b>	CM13-0022168		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Chiropractic, and is licensed to practice in Texas. 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 48-year-old male who reported an injury on 01/01/2010. The patient is currently diagnosed with a sprain and strain of the knee and leg. The patient was seen by [REDACTED] on 06/06/2013. The patient reported a flareup of the right knee. Physical examination revealed active trigger points in the right medial hamstring, right lateral hamstring, and right rectus femoris. The patient also demonstrated swelling and tightness with tender fibers at the lateral portion of the right knee along the joint line/ posterior hamstring area. Treatment recommendations included chiropractic treatment along with a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic one (1) time a week for four (4) weeks for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** California MTUS Guidelines states manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Treatment for the knee is not recommended. As per the clinical notes submitted, the patient has completed 17 sessions

of chiropractic treatment. Documentation of a significant functional improvement was not provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.