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| <b>Case Number:</b>   | CM13-0029536 |                              |            |
| <b>Date Assigned:</b> | 11/01/2013   | <b>Date of Injury:</b>       | 05/02/2010 |
| <b>Decision Date:</b> | 01/15/2014   | <b>UR Denial Date:</b>       | 09/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2013 |

### 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 Occupational 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 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain associated with an industrial injury on May 2, 2010. Thus far, the applicant has been treated with the following: analgesic medications, right knee arthroscopy, unspecified amounts of chiropractic manipulative therapy, and work restrictions. A clinical progress report dated July 16, 2013 reflects persistent 4-6/10 knee pain, and the applicant is using Norco and Medrox for pain relief. 5-/5 to 5/5 knee strength with a mildly antalgic gait is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 12 sessions of manipulative therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 58.

**Decision rationale:** As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manipulative therapy is "not recommended" for issues involving the knee. In this case, the attending provider has not clearly furnished any compelling narrative or rationale with

the request for authorization to offset the MTUS recommendation; therefore, the request remains non-certified.