

<b>Case Number:</b>	CM13-0031131		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 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:

According to the available medical records, this is a 50 year old female patient with chronic knee pain, date of injury 08/13/2008. Previous treatments include right knee total arthroplasty (05/15/2013), left knee medial meniscectomy (11/18/2011), medications, physical therapy and injections. PR-2 report dated 08/26/2013 by [REDACTED] revealed bilateral knee pain, mild to moderate aching right knee pain, also left knee pain since surgery worse with activity and extensive walking, better with rest, she took 2 weeks off from PT and feels better, she is currently out of work; exam noted tight patella on the right knee, full extension to 0-110 flexion, left knee is 0-130 flexion, mild effusion; diagnoses derang. Med. Meniscus and mechanical complication prosthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Visits Qty:4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** CA MTUS guidelines do not recommend chiropractic manipulation for chronic knee pain. Therefore, the request for 4 chiropractic treatment for this patient tight patella is NOT medically necessary.