

<b>Case Number:</b>	CM13-0033702		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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 58 year old female with chronic pain in the neck, left shoulder, low back, and right knee, date of injury is 03/01/2013. Previous treatments include medications, injections, physical therapy, and home exercises. Progress report dated 07/19/2013 by the treating doctor revealed patient reported some pain improvement with her left shoulder injection but not her mobility, she continue to have headaches and pain to her neck, right knee and complains of the right knee giving way. Physical examination revealed antalgic gait on the right side, medial and lateral joint line tenderness to the right knee, no evidence of knee instability, significant loss of mobility to her left shoulder with positive impingement sign. Diagnoses include right knee internal derangement with medial end lateral meniscus tear, left shoulder impingement syndrome with adhesive capsulitis, r/o rotator cuff tear, cervical spine discogenic neck pain with radiculopathy, lumbar spine discogenic back pain with radiculopathy, closed head trauma with headaches, r/o left cubital tunnel syndrome, stress with depression. The patient is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2XWK X6WKS for the Right Knee/Left Shoulder/Neck/Lumbar:** Upheld

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

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

**Decision rationale:** The claimant presents with ongoing pain in the neck, shoulder, low back, and knee despite previous treatments with medications, injection, physical therapy, and home exercises. While a trial of 6 chiropractic treatment over 2 week might be recommended by MTUS guideline for the low back, chiropractic treatment for the knee is not recommended. Based on the guidelines, the request for 12 chiropractic exceeded the guideline recommendation for the low back, and not recommended for the knee. Therefore, the request is not medically necessary.