

<b>Case Number:</b>	CM13-0041632		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2013

### 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 Chiropractic Care and is licensed to practice in District of Columbia and 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 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 patient is a 61-year-old female who reported an injury on 12/21/2010, secondary to a fall. The patient is currently diagnosed with left knee degenerative joint disease and left knee patellofemoral chondromalacia. The latest primary treating physician's progress report was submitted by [REDACTED] on 10/21/2013. The patient reported minimal improvement after an aspiration and cortisone injection into the knee. The physical examination revealed 0 to 130 degree range of motion of the bilateral knees, moderate joint effusion on the left, medial joint line tenderness on the left, moderate patellofemoral crepitus on the left, and 5/5 motor strength. The treatment recommendations included continuation of conservative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments twice a week for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section Page(s): 58.

**Decision rationale:** The California MTUS Guidelines state manual therapy and manipulation is recommended for chronic pain if caused by a musculoskeletal condition. The treatment for the

knee is not recommended. The patient has previously participated in chiropractic treatment, without any improvement. As guidelines do not recommend chiropractic therapy for the knee, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.