

<b>Case Number:</b>	CM13-0051091		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/28/2013
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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:

The patient is a 65 year old female who was injured on 4/28/13. The mechanism of injury was a trip and fall. She experienced immediate pain to her left elbow with slight bleeding and swelling on both knees. She drove herself from the injury site to [REDACTED] for medical evaluation, but no treatment was provided. There, they took her to [REDACTED] by ambulance where she was examined and diagnosed with a meniscus tear. An x-ray of the left knee dated 4/29/13 revealed moderate degenerative joint disease of the knee joint, narrowing of the medial joint space, and moderate effusion. A lower extremity electromyography dated 9/30/13 revealed a normal study of the bilateral lower extremities. An initial evaluation report dated 8/9/13 documented the patient to have complaints of constant slight/intermittent moderate/occasionally severe bilateral knee pain with swelling. Her pain increased with prolonged walking and standing, flexing and extending the knee, ascending or descending stairs, squatting, and kneeling. The patient indicates her knee pain is at 7-8/10. Objective findings on exam included inspection of bilateral knees with no evidence of bony deformity, swelling, ecchymosis, or erythema. There are no visible scars. There is tenderness to palpation over the medial joint line of the right knee and lateral joint line of the left knee. The knees are stable to valgus, varus, and anteroposterior stress. Neurological exam revealed motor strength at 4+/5 in all the represented muscle groups in the bilateral lower extremities. Deep tendon reflexes are 2+ and symmetrical in all dermatomal levels tested in bilateral extremities. Sensation to pinprick and light touch is intact in all the dermatomal levels of the bilateral extremities. The patient ambulates with a normal gait. A PR-2 dated 8/14/13 documents the patient with complains of pain in both knees with burning and numbness. Objective findings on exam reveal the patient's emotional status as normal. The patient has a normal gait. Examination of the lower extremities reveals pain on palpation of bilateral knees. A PR-2 dated 9/6/13 documents a pain level is 6/10

in both knees. Objective findings on exam reveal genu valgum. The right knee is with crepitus with tenderness in the medial and lateral joint line with positive McMurray test. The left knee reveals crepitus with tenderness in the medial and lateral joint lines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CHIROPRACTIC TREATMENT FOR THE KNEES (8 SESSIONS): 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 Page(s): 58-59.

**Decision rationale:** The records reflect that this patient suffered a fall on 4/28/13 causing her to injure the bilateral knees. An initial report dated 8/9/13 stated that the patient was having constant slight/moderate intermittent/occasional severe bilateral knee pain. Her pain was rated at 7-8/10 which increases with prolonged standing, bending, and walking, as well as ascending and descending stairs. Objectively, there were no scars noted or redness, swelling, or deformities. Examination also revealed the knees to be stable with motor strength 4+/5. All other testing was within normal limits. The records do not outline what specific measurable functional goals are to be accomplished with chiropractic, nor do they state what limitations currently exist which would warrant treatment. The records in fact state that the patient has a normal gait. Per the California MTUS guidelines chiropractic treatment is not recommended for the ankle and foot, carpal tunnel syndrome, forearm, wrist, hand, or knees. Therefore, based on the clinical information submitted and reviewed, and the evidenced based guidelines, chiropractic treatment is noncertified.