

<b>Case Number:</b>	CM13-0056380		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/09/2007
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 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 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 injured worker is a 36-year-old female who reported an injury on 11/09/2007. The mechanism of injury was not provided in the medical records. The injured worker's course of treatment to date is unclear; however, it is noted that she has been treated with medications, cortisone injections, physical therapy, and activity modification. In addition, there is evidence that an MRI of the right knee was obtained on 03/08/2012. This study revealed small joint effusion and femorotibial degenerative change, as well as patellofemoral degenerative change with central lateral trochlear groove involvement. An MRI of the right knee obtained on an earlier date, 02/13/2008, revealed evidence of chondromalacia, grade 1 or 2, involving the medial patellar facet. The injured worker was diagnosed with right knee degenerative joint disease/osteoarthritis, left knee arthralgia status post fall, and she is status post right knee surgical intervention/arthroscopy times 2. It was noted on the 10/03/2013 clinical note that the injured worker was recently authorized to receive a TENS unit, aquatic therapy, gym membership, and Lyrica. The physical examination on that date revealed range of motion to 120 degrees of the right knee, positive patellofemoral and medial/lateral joint compartment crepitus with motion, and 4+ to 5/5 muscle strength. The injured worker was noted to have negative provocative testing and there was no presence of instability. The clinical note dated 07/19/2013, in which the chiropractic physiotherapy was recommended, noted the injured worker to have range of motion of 115 degrees with no other differences from the most recent note. There was no other information submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC/PHYSIOTHERAPY, RIGHT KNEE 2 VISITS PER WEEK FOR 4 WEEKS:** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend manual therapy for patients experiencing pain related to musculoskeletal conditions. However, Guidelines do not recommend manipulation of the knee, and therefore, the current request for chiropractic / physiotherapy two (2) times a week for four (4) weeks for the right knee is non-certified.