

<b>Case Number:</b>	CM13-0060516		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 & Acupuncture 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:

Claimant is a 54 year old male who sustained a work related injury on 6/28/2012. His current diagnoses are bilateral knees internal derangement and cervical/thoracic/lumbar strain/sprain. Per a PR-2 dated 11/12/2013, the claimant complains of "not healing." Prior treatment includes right knee surgery on 9/19/2013, oral medications, physical therapy and chiropractic. The claimant is currently using crutches to ambulate and it is increasing her pain in his low back, shoulders and numbness in the hands. Although the primary treating physician is a chiropractor, there is no documentation of prior results from chiropractic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) chiropractic 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 Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** The Expert Reviewer's decision rationale: According to evidenced based guidelines, 1-2 chiropractic visits every 4-6 months can be medically necessary for documented flare-ups if prior functional improvement has been documented. The claimant's condition

aggravated from using crutches. However 4 visits exceed the recommended guidelines and are not medically necessary. There is also no documentation on functional improvement from prior chiropractic