

<b>Case Number:</b>	CM13-0063052		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	04/13/2007
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 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:

Patient is a 51 year old female who sustained an injury to her left knee on 4/13/2007. The subjective complaints reported by the primary treating physician are back pain, bilateral gluteal pain from the low back and left knee pain. Patient has been treated with medications, an epidural injection, acupuncture, home exercise program, chiropractic care and physical therapy. The diagnoses assigned by the PTP for the left knee and lower back are "lumbar vertebral disc (LVD), radicular neuralgia and bursitis left knee." An MRI study of the left knee revealed "suprapatellar joint effusion and a grade II signal on the medial and lateral menisci." MRI study of the lower back has shown a "2 mm disc bulge at L4-5 and a grade I spondylolisthesis at L5/S1 with associated bilateral pars defect and moderately severe bilateral foraminal stenosis." EMG/NCV study of the lower extremities resulted in no abnormal findings. The PTP is requesting 8 sessions of chiropractic care to the left knee and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC VISIT TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back And

**Decision rationale:** Patient has suffered an injury to her left knee, shoulder and low back. The chiropractic progress notes which should document objective functional improvement with ongoing chiropractic care are not present in the records. The PTP's reports are present in the records, documenting the flare-up. The MTUS ODG Low Back Chapter recommends manipulation for flare-ups with objective functional improvement. For knees, The MTUS ODG Knee Chapter does not recommend chiropractic care. In this case objective functional improvement has not been documented with ongoing chiropractic care. I find that the 8 chiropractic sessions to left knee and low back to not be medically necessary and appropriate.