

<b>Case Number:</b>	CM13-0063635		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 licensed as a Chiropractor, 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 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 51 year old male who was injured on 07/22/2009, mechanism of injury unknown. The patient has a history of left knee pain, status-post arthroscopy and lumbar strain and sprain. Prior treatment history has included chiropractic treatment, acupuncture, injections in his neck, physical therapy, muscle stimulation, soft-tissue massage, medications as needed and Orthion multiple therapy machine. He had surgery on his left knee. Operative report dated 05/28/2013 documented the patient received a facet block. Operative report dated 02/13/2013 documented the patient received a facet block. Clinic note dated 10/16/2013 documented the patient to have complaints of increased pain and stiffness to his cervical spine, lumbar spine and knees. Objective findings on exam included tenderness to palpation over the paraspinal musculature, with spasticity. Range of motion of the cervical spine remained limited, with flexion to 43 degrees; extension to 47 degrees; right rotation to 59 degrees, left rotation to 62 degrees; right lateral bending to 26 degrees, and left lateral bending to 28 degrees. The examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature, with muscle spasms present. There was referred pain to both buttocks and lower extremities. Range of motion of the lumbar spine remained limited, with flexion to 43 degrees, extension to 13 degrees, right lateral bending to 15 degrees, and left lateral bending to 16 degrees. Straight leg raises remained positive, bilaterally, at 50 degrees. The examination of the left knee revealed well-healed arthroscopic portals. There was tenderness to palpation over the medial and lateral joint lines. There was pain to varus and valgus stressing, but no gross instability was noted. Range of motion of the left knee remained limited, with flexion to 113 degrees and extension to 5 degrees. The examination of the right knee revealed tenderness to palpation over the medial and lateral joint lines. There was pain to varus and valgus stressing, but no gross instability was noted. Range of motion of the right knee remained limited, with

flexion to 117 degrees and extension to 3 degrees. The patient was diagnosed with lumbar spine sprain and strain and right knee sprain and strain. PR-2 note dated 10/16/2013 revealed tenderness, decreased range of motion L-spine, left knee, and C-spine. PR-2 note dated 10/08/2013 documented the patient to have complaints of back pain and left knee pain. The patient was diagnosed after treatment with cervical pain at 3, lumbar, pain at 4, left knee at 1 level; improved cervical range of motion. Palpable tension improved. Pain levels consistently improved since starting course of treatment; since treatment, able to bend over easier to put on socks and shoes; 5-7 days of pain relief after treatment. PR-2 note dated 12/18/2012 documented the patient to have complaints of low back pain and low back pain with radicular symptoms to lower extremities.

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

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

**additional chiropractic therapy two times a week for six weeks for the left knee and lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment, Knee Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

**Decision rationale:** As per the CA MTUS guidelines, chiropractic care is recommended for achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patients' therapeutic exercise program and return to productive activities. This has been demonstrated. Although regarding the frequency of treatment the guidelines indicate that frequency should be 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition and then 1 treatment per week for the next 6 weeks. The request is for 2 times a week for 6 weeks this exceeds the guidelines recommendation. Therefore, the request is non-certified.