

<b>Case Number:</b>	CM13-0068140		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/03/2008
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 a licensed 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 least at 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 claimant is a 48-year-old female who was involved in a work injury 10/3/2008 in which she injured her knee and back. The mechanism of injury was not available for review. On 11/26/2013 the claimant was evaluated by [REDACTED]. The report indicated that the claimant "finished 10 chiro visits and notes the treatments have greatly help[ed] her back, shoulders and neck." There was no treatment for the knee. This report further indicated that the claimant "notes that she was initially approved for 15 chiro" treatments over 2 authorizations, one with 5 treatments and one with 10 treatments. Objectively, it was noted that the claimant "has benefited greatly from the 10, and I am requesting an additional 10 more DC treatments and to include her head as well as low back and left knee. She has certainly had more than 51% improvement with those treatments." There was noted improvement in ranges motion and gait that was described as "near-normal today." The claimant was diagnosed with left knee strain, bilateral hand contusion, left knee contusion, and toward left medial meniscus. The recommendation was for 10 additional sessions of chiropractic treatment for the left knee, back, and hips. On 12/4/2013 a peer review was performed resulting in non-certification of the requested 10 treatments. The purpose of this review is to determine the medical necessity for the 10 additional chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic to left knee, back and hips x 10 more visits: 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 medical necessity for the requested 10 additional chiropractic treatments was not established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." This claimant has undergone 15 treatments to date. The claimant did note "51% improvement" as a result of the 15 treatments. However, the requested 10 additional treatments exceed this guideline. There is no indication that the claimant has any significant comorbidities or is an outlier to the guideline that would support treatment outside of the guidelines. Therefore, the medical necessity for the 10 treatments was not established.