

<b>Case Number:</b>	CM13-0069240		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/04/2002
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Board Certified in Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee arthritis reportedly associated with an industrial injury of March 4, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a knee brace; viscosupplementation injections; earlier left and right knee arthroscopy; reported diagnosis with knee arthritis; a cane; and apparent return to work at one point in time. In a Utilization Review Report dated December 16, 2013, the claims administrator denied a request for one session of chiropractic manipulative therapy, denied a rehab resistance chair, and denied a home exercise demonstration. In a handwritten note dated November 11, 2013, it was seemingly suggested that the applicant was working with limitations in place. The applicant was using Voltaren and Norco for pain relief with some success. The applicant apparently had pain and crepitation about the knees associated with knee arthritis. Authorization was sought for demonstration of home exercises directed to the right knee so as to facilitate the applicant's performing self-guided exercises at home, going forward. A dermatology consultation was apparently endorsed to further evaluate a knee rash. Chiropractic manipulative therapy was also sought. The attending provider also sought authorization for a resistance chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT X1 SESSION:** Upheld

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

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

**Decision rationale:** The primary pain generator here appears to be the applicant's knee. However, as noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, chiropractic manipulative therapy is "not recommended" for issues involving the knee. No rationale for pursuit of manipulative therapy for this particular body part was proffered by the attending provider so as to offset the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.

**HOME EXERCISE DEMONSTRATION:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-3, page 338, initial and follow-up visits are "recommended" for education, counseling, and evaluation of home exercise purposes. In this case, the attending provider has suggested that the applicant needs some demonstration of home exercises so that the applicant can continue independently performing home exercises. One session with a physical therapist for home exercise demonstration purposes is therefore indicated. The applicant has already returned to work and appears motivated to try and perform home exercises, it appears. The request does conform to ACOEM parameters. Accordingly, the request is medically necessary.

**REHAB RESISTANT CHAIR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

**Decision rationale:** This item appears to represent an article intended to facilitate the applicant's performing exercises. However, as noted on page 83 of the MTUS-adopted ACOEM Guidelines in Chapter 5, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to exercise and medication regimens. The exercise regimen/rehab resistance chair being sought by the attending provider, thus, has been deemed, per ACOEM, an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.