

<b>Case Number:</b>	CM14-0000776		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 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:

According to the available medical records, this is a 58-year-old male patient with chronic left knee pain, date of injury is 01/21/2013. Previous treatments include medications, partial meniscectomy, physical therapy, repeat surgery, TENS/EMS unit, chiropractic and home exercise. Progress report dated 12/03/2013 by the treating doctor revealed the patient overall is feeling the same, left knee pain. Left knee exam is no change over all. Left knee tenderness. The patient has completed 12 chiropractor and physiotherapy visits, and the treating doctor is requesting additional 12 chiropractic visits. The patient remained on temporary total disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care For The Left Knee 2 Times A Week For 6 Weeks:** Upheld

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

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

**Decision rationale:** While CA MTUS guideline do not recommend chiropractic manipulation for the knee, the patient has completed 12 chiropractic visits previously. However, there is no evidence of objective functional improvement documented. The patient subjective is the same,

objective exam is no change, and the patient remained off work. Based on the guideline cites, the request for 12 chiropractic care for the left knee is not medically necessary.