

<b>Case Number:</b>	CM14-0106821		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/13/2006
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 licensed in Chiropractic and Acupuncture Services 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 injured worker is a 66 year old male who reported knee and low back pain from injury sustained on 04/13/06 due to slip and fall and also cumulative trauma. There were no diagnostic imaging reports. Patient is diagnosed with lumbar spine disc bulge; prior right knee surgery. Patient has been treated with medication, physical therapy, left knee arthroscopic surgery (2007). Provider requested additional 6 chiropractic sessions for lumbar spine and knee which were modified to 6 treatments for lumbar spine only by the utilization reviewer. MTUS guidelines do not recommend Chiropractic for knee pain. Medical notes dated 05/27/14, do not address any subjective issues. Medical records included notes dated 02/19/14, 04/08/14; however, there is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with chiropractic already approved/rendered that would substantiate a medical indication for additional care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment x6 for the knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines- chiropractic care/manipulationACOEM: Manipulation

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

**Decision rationale:** Per MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation pages 58-59. "Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities". Low Back: 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. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if Return to Work (RTW) achieved then 1-2 visits every 4-6 months. Treatment parameters from state guidelines. A) Time of procedure effect: 4-6 treatments. B) Frequency 1-2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. C) Maximum duration: 8 weeks. At 8 weeks patient should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation has been helpful in improving function, decreasing pain and improving quality of life. Treatment beyond 4-6 visits should be documented with objective improvement in function". The patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions for lumbar spine and knee which were modified to 6 treatments for lumbar spine only by the utilization reviewer. MTUS guidelines do not recommend Chiropractic for knee pain. Medical records included notes dated 02/19/14, 04/08/14 and 05/27/14; however, there is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with Chiropractic already approved/rendered that would substantiate a medical indication for additional care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per review of evidence and guidelines, additional 6 Chiropractic visits for knee pain are not medically necessary.