

<b>Case Number:</b>	CM14-0017416		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Care, has a subspecialty in Acupuncture 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 patient is a 39 year old female with at date of injury of 10/02/2013. According to the progress report dated 10/28/2013 the patient complained of pain and swelling in the right knee. The patient walks with crutches. Significant objective findings included swelling of the knee and unable to flex or extend the knee due to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED CHIROPRACTIC SESSIONS 2X4 (LUMBAR):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 58-59.

**Decision rationale:** Reviewed of the available medical records show patient still symptomatic and remained on disability status, previous chiropractic treatments did not show any significant objective measurable gains in functional improvement. Therefore, based on the guideline cited above, the request for additional chiropractic sessions 2x4 is not medically necessary.