

<b>Case Number:</b>	CM14-0018219		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Chiropractics 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 43 year old female who sustained an injury to her left knee on 12/19/2013 as a result of a trip and fall incident. The subjective complaint reported by the specialty physician are severe pain and swelling over the anterior aspect of the left knee. The patient has been treated with medications, a corticosteroid injection, home exercise program, chiropractic care and physical therapy. The diagnoses assigned by the specialty physician are left knee "acute-on-chronic left knee arthritis and soft tissue ecchymosis and swelling." MRI study of the left knee revealed several abnormal findings to include a complete to near complete radial tear of the medial meniscus and severe patellofemoral compartment degenerative changes. PTP is requesting 8 sessions of chiropractic care to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC TREATMENT 2 X WEEK FOR 4 WEEKS FOR THE LEFT KNEE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

**Decision rationale:** The patient has suffered an injury to her left knee. Please note that this IMR was filed several months before the patient underwent partial left knee meniscectomy and chondroplasty, per the records provided. Therefore, this surgery will not be taken into account in preparing this review and the Post-Surgical Treatment Guides will not be cited. This patient has been provided chiropractic care but there are no chiropractic progress notes in the records provided. ODG Knee and Leg Chapter states that manipulation is "not recommended". It also states that "(if a decision is made to use this treatment despite the lack of convincing evidence the treatment may be chiropractic physical therapy versus manipulation.)" Given that there are no records to provide with objective functional improvement and that manipulation is not recommended for the knee per California MTUS, the 8 chiropractic sessions to left knee are not medically necessary and appropriate.