

<b>Case Number:</b>	CM14-0138196		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Chiropractor has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 32-year-old male who reported an injury due to a slip on a wet floor on 02/11/2014. On 02/18/2014, his diagnoses included right knee sprain and difficulty walking. His treatment plan included a referral for physical therapy, a hinged knee brace, and a cane. His complaints included acute sharp right knee pain rated 8/10 which was exacerbated with prolonged standing. On 03/31/2014, it was noted that he had completed 1 set of physical therapy visits and was to begin a second set. There was marked improvement in his pain level which was then rated at 1/10 to 2/10. On 04/22/2014, he had an acute exacerbation of knee pain which resolved in 2 days. There was no rationale or Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic/Physiotherapy 2 times a week for 3 weeks (6 visits) for the spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Guidelines Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The request for chiropractic physiotherapy 2 times per week times 3 weeks (6 visits) for the spine is not medically necessary. Per the California MTUS/ACOEM Guidelines, chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. There was no mention made in any of the submitted documentation that this injured worker had any problems with his spine. All documentation referred to his right knee. The need was not clearly established in the submitted documentation for chiropractic treatment of the spine. Therefore, this request for chiropractic physiotherapy 2 times per week times 3 weeks (6 visits) for the spine is not medically necessary.