

<b>Case Number:</b>	CM14-0153487		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 has a subspecialty in Pediatric 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:

The injured worker is a 39-year-old individual with an original date of injury of 11/8/10. The mechanism of this industrial injury occurred when the patient fell from a ladder and down stairs. The patient has undergone right knee arthroscopy. The patient has received physical therapy, but this was not helpful in relieving the patient's symptoms. The injured worker has undergone chiropractic treatments. Although there is an indication that the patient has received some benefit from chiropractic treatments, there is no information regarding the number of chiropractic treatments received. There is no reported recent flare-up of the condition. The Guidelines recommend 1-2 chiropractic visits for flare-ups, therefore that request would be in excess of the Guidelines. It is also not clear the treatment area being requested. The CA MTUS Guidelines do not recommend chiropractic treatment for the knee, which appears to be the primary target of treatment. The disputed issue is a request for 4 additional chiropractic treatments. An earlier Medical Utilization Review made an adverse determination regarding this request. The rationale for this adverse determination was that the request does not meet medical guidelines of the CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Chiropractic visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations. Page(s): Pages 58-60..

**Decision rationale:** The CA MTUS Guidelines does recommend Chiropractic treatment, in general, for chronic pain, with a trial of 6 visits over 2 weeks, and up to a total of 18 visits over 6-8 weeks, with evidence of objective, functional improvement. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. There is no reported recent flare-up of the condition. The CA MTUS Guidelines do not recommend chiropractic treatment for the knee, which appears to be the primary target of treatment. Therefore, the request for 4 Chiropractic visits is not medically necessary and appropriate.