

<b>Case Number:</b>	CM14-0155470		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 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 55-year-old male with date of birth on [REDACTED]. On 08/28/2009 while working as a supervisor, he was standing on the dock when one of his employees (who was driving a forklift) came out of the "chill room" too fast and the back of the forklift hit his anterior left knee. On 11/06/2013, a medical provider recommended chiropractic therapy at a frequency of 2 times per week for 4 weeks. The chiropractor's PR-2 of 11/26/2013 reports complaints of 5/10 foot and knee pain, and 6/10 back pain. No comparative measured objective factors were reported, and diagnoses were noted as disc herniation without myelopathy and internal derangement of knee. The chiropractor recommended chiropractic therapy at a frequency of 1 time per week for an unreported duration. On 12/04/2013, a medical provider recommended chiropractic therapy 2 times per week for 4 weeks. On 01/14/2014, the chiropractor recommended chiropractic/therapy 2 times per week for 4 weeks. On 05/21/2014, a medical provider recommended chiropractic care at a frequency of 3 times per week for 4 weeks. The chiropractor's PR-2 of 05/27/2014 reports the patient having a hard time walking due to left knee pain. No measured objective factors were noted. Diagnoses are noted as foot osteoporosis, fracture of toes, L/S herniation's without myelopathy, and internal knee derangement. The medical provider's PR-2 of 07/22/2014 reports patient complaints of 6/10 back pain, 9/10 left knee pain and 9/10 left foot pain. The patient was status post left knee surgery with knee wrapped in compression bandage. No measured objective factors were reported. Diagnoses included left knee internal derangement and status post left knee surgery. The provider recommended chiropractic therapies 3 times per week for 4 weeks. The medical provider's PR-2 of 08/21/2014 reports 8/10 back pain and 9/10 knee pain. Left knee range of motion was full with minor discomfort during extension and there was diffuse swelling of the knee, shin, ankle and foot. Diagnoses were noted as status post left knee surgery, left knee/lower extremity

swelling, and left knee internal derangement. The medical provider recommended chiropractic care at a frequency of 3 times per week for 4 weeks. On 09/10/2014, the medical provider reported left foot tenderness and decreased ROM, lumbar tenderness and decreased ROM, and left knee tenderness and decreased ROM, and recommended chiropractic care at a frequency of 3 times per week for 4 weeks. Checklist style chiropractic documentation reports the patient treated with various modalities directed to treatment of the knee on 43 occasions from 12/09/2013 through 06/11/2014. The question for review is regarding medical necessity for chiropractic care 3 times per week for 4 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 3xwk x 4wks left knee:** Upheld

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

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

**Decision rationale:** MTUS (Chronic Pain Medical Treatment Guidelines) does not support the request for chiropractic treatment of knee complaints. MTUS reports manual therapy and manipulation are not recommended in the treatment of knee complaints. Additionally, this patient has received chiropractic physiotherapy treatments to the left knee on 43 occasions from 12/09/2013 through 06/11/2014, without evidence of efficacy with care rendered, therefore, the request for chiropractic treatment sessions to the left knee at a frequency of 3 times per week for 4 weeks is not supported to be medically necessary.