

<b>Case Number:</b>	CM14-0158793		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 a Licensed Chiropractor 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:

According to the available medical records, this is a 74 year old male with chronic low back pain and knees pain, date of injury is 04/13/2011. Previous treatments include chiropractic, medications, physical therapy, acupuncture, TENS unit, and home exercises. Progress report dated 08/15/2014 by the treating doctor revealed patient complains of constant moderate dull, achy, sharp low back pain, stiffness and weakness, aggravated by lifting 10 pounds, sitting, standing, walking, driving, bending and squatting. The patient also complains of intermittent moderate dull, achy, and sharp knees pain. Exam of the lumbar spine noted trigger points of paraspinals bilaterally, range of motion (ROM) decreased and painful, tenderness to palpation of the lumbar paravertebral muscles with spasm, positive Kemp's bilaterally, positive sitting straight leg rise (SLR) bilaterally. Right knee exam noted swelling, ROM decreased and painful, tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee, positive McMurray. Left knee ROM decreased and painful, tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee, positive McMurray. Diagnoses include lumbar disc protrusion, lumbar myospasm, lumbar sp/st, right knee chondromalacia, right knee internal derangement, right knee meniscus tear, right knee pain, right knee sp/st, left knee chondromalacia, left knee internal derangement, left knee medial meniscus tear, left knee meniscus tear, left knee pain, left knee sp/st, elevated blood pressure and hypertension. Treatment plan include chiropractic two times four, aquatic therapy twelve times and knees surgery. The patient remained off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Chiropractic therapy session for the lumbar spine and bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

**Decision rationale:** The claimant is a 74 year old male with chronic low back and knees pain. He continue to have ongoing pain despite previous treatments with medication, chiropractic, acupuncture, physical therapy and home exercises. Current medical records showed there are 8 chiropractic treatment requested on 03/21/2014 and another 8 visits requested on 06/06/2014. There is no report of how many treatments the patient completed, however, there is no evidence of objective functional improvement with previous chiropractic treatments. California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend chiropractic treatment for the knee either. Therefore, the request for chiropractic treatment two times four for the lumbar and knees is not medically necessary.