

<b>Case Number:</b>	CM14-0170804		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Orthopedic Surgery 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:

This 41 year old male injured his right knee 8/13/13. Arthroscopic right knee surgery was done on 1/14. This revealed generalized degenerative changes, a large tear of the lateral meniscus involving the "anterior horn and a full thickness tear of the right capsular." At the 8/5/14 visit he complained of right knee pain and no improvement with an intra-articular steroid injection 6 weeks earlier. An MRI 6/10 showed degenerative changes, a large effusion, a tear of the medial meniscus as well as the anterior cruciate, and posterior cruciate. At the 8/29/14 visit there again was right, especially medial, knee pain but now with swelling. There has been no locking but there has been a giving way sensation. The range of motion was full. There was equivocal tenderness and Murphy's. The request was for 12 sessions of physical therapy. The patient is 9 months out since the arthroscopic right knee surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment for the lumbar spine 3 times a week for 4 weeks, QTY: 12 sessions:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):  
Manipulation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines, 7/18/09, Pages 58-60: Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition.

**Decision rationale:** The patient complains of right groin pain and is at full duty. The latest note stated that the hernia is reducible but a large bulge was noted and the patient was limping. The altered gait may well be related to the hernia which may or may not be reducible as reports disagree. His back problem could also be related to altered gait secondary to the hernia. Chiropractic has been requested x 12. Medical evidence-based Guidelines support a chiropractic trial of 4-6 treatments which would be sensible not only considering the unoperated right inguinal hernia with altered gait due to discomfort but because it would not be reasonable to continue chiropractic without documented functional improvement after 4-6 sessions. Therefore, the request for 12 chiropractic sessions is not medically necessary.