

<b>Case Number:</b>	CM14-0026326		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/16/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 and 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 53-year-old female with a reported date of injury on 01/16/2009. The injury was reportedly caused by repetitive use. The injured worker presented with lumbar spine, right elbow and right knee pain. Upon physical examination, the injured worker's right knee range of motion revealed flexion to 130 degrees. The injured worker's lumbar spine range of motion revealed flexion to 35 degrees, extension to 15 degrees, right bending to 10 degrees and left bending to 20 degrees. Physical therapy and conservative care related to the right knee was not provided within the documentation available for review. The injured worker's diagnoses included anemia, arthritis, asthma, cervical spine sprain/strain and lumbar spine sprain/strain. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for chiropractic treatment with exercises and modalities for the right knee, 2 times per week for 3 weeks was submitted on 03/07/2014. The physician indicated that the chiropractic service for the right knee was requested to increase ADLs, reduce medication usage and increase range of motion, as well as reduce work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment with exercises and modalities for the right knee, 2 times per week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measureable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In addition, the guidelines state that manual therapy and manipulation is not recommended for the knee. There was a lack of documentation related to the injured worker's medication regimen, functional deficits, work restrictions. The functional and therapeutic benefit of previous physical therapy and chiropractic care was not provided within the documentation available for review. In addition, the guidelines do not recommend manual therapy and manipulation for the knee. Therefore, the request for chiropractic treatment with exercise and modalities for the right knee, 2 times per week for 3 weeks is not medically necessary.