

<b>Case Number:</b>	CM14-0027542		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/14/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Chiropractic. 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 58 years old male patient with chronic low back and right knee pain, date of injury 08/14/2012. Previous treatments include right quadriceps surgery, physiotherapy, exercises, medications, physical therapy. Primary treating doctor report dated 01/08/2014 revealed patient complaint of residual right sided knee pain after ongoing surgical intervention previously. He has been provided extensive physiotherapy modalities, range of motion exercises and muscle strengthening activities which has helped to reduce pain and increase musculoskeletal function and help reduce the need for taking oral pain medications and facilitate his activities of daily living. The patient is currently working. However, he does continue to be symptomatic. He declines oral pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CHIROPRACTOR 2 TIMES A WEEK FOR 3 WEEKS. QTY: 6 FOR LOW BACK:**

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 Chronic Pain Page(s): 58-59.

**Decision rationale:** CA MTUS guidelines only recommend 1-2 visits every 4-6 months for flare-up of low back pain. The request for chiropractic 2 times a week for 3 weeks exceeded the guideline recommendation and therefore, not medically necessary.

**CHIROPRACTOR 2 TIMES A WEEK FOR 3 WEEKS. QTY: 6 FOR RIGHT KNEE:**  
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 Chronic Pain Page(s): 58-59.

**Decision rationale:** CA MTUS guidelines do not recommend chiropractic treatment for chronic knee pain. The request for chiropractic 2 times a week for 3 weeks is therefore, not medically necessary.