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| <b>Case Number:</b>   | CM14-0037318 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 05/03/2013 |
| <b>Decision Date:</b> | 07/25/2014   | <b>UR Denial Date:</b>       | 02/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/27/2014 |

### 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 Chiropractics 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 43-year-old male who was injured on 05/23/2013. He sustained an injury secondary to the wheels coming off of a wheelbarrow. Prior treatment history has included physical therapy. Diagnostic studies reviewed include MRI of the right knee dated 07/29/2013 revealed abnormality of the posterior horn of the medial meniscus as well as posterior horn of the lateral meniscus compatible with tears; and a small amount of fluid in the patellofemoral joint space. Progress report dated 02/07/2014 indicates the patient complained of right knee and ankle shooting pain with weakness. On exam, there is decreased range of motion with pain. There is tenderness noted at the medial joint line. McMurray test is positive. Diagnosis is right knee meniscus tear anterior-posterior (AP) twisting injury. The treatment and plan included a request for right knee chiropractic care. Progress report dated 01/09/2014 reports the patient with complaints of right knee pain rated as 6/10 with swelling, locking and giveaway. He has right ankle pain rated as 5/10 with no swelling and no weakness. Diagnoses are internal derangement right knee and right ankle healing. Prior utilization review dated states the request for chiropractic care is not authorized, as chiropractic manipulation is not recommended for the knee or the ankle. The available clinical information does not support the request and is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment Page(s): 93-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Treatment.

**Decision rationale:** The request is for chiropractic treatment 3 a week for 6 weeks to the right knee and possibly right ankle. This treatment is not medically necessary for the following reasons. Based on the Official Disability Guidelines (ODG) treatment to the knee, ankle or foot is "not recommended". A trial of chiropractic treatment is 4-6 visits over the first few weeks supported by documented objective functional improvement.