

<b>Case Number:</b>	CM14-0039313		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Chiropractic 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 52-year-old male who was injured on 12/19/2012. The mechanism of injury is unknown. The patient has been treated conservatively with 16 sessions of chiropractic therapy. There are no other reports available for review prior to the utilization review date. The progress report dated 03/07/2014 states the patient complained of left knee pain and back pain that is persistent. Objective findings on exam revealed left leg moderate severe limp. Lumbar range of motion is 90 percent. He has pain on flexion bilaterally at S1 and L5. There is decreased sensation at L4 and L5 left leg dermatomes. The diagnoses are chronic internal derangement of the knee, lumbosacral sprain/strain and patello femoral syndrome. The recommendation is six additional conservative chiropractic care twice a week for range of motion strengthening. A prior utilization review dated 03/24/2014 states the request for additional chiropractic treatment times six sessions was not authorized as the patient has already had 16 chiropractic treatments; however, the MTUS guidelines do not support ongoing treatment without objective functional benefit which has not been documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic treatment, times six (6) sessions:** 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 Manual therapy & Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back & Knee and leg chapters. Manipulation.

**Decision rationale:** TThe CA MTUS state the following: "Chiropractic care is recommended 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 measurable gains in functional improvement that facilitate the progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. For low back, it is recommended as an option. For therapeutic care, a trial of six visits over two weeks with evidence of objective functional improvement, total of up to 18 visits over a 6-8 week. For elective/maintenance care, it is not medically necessary. For recurrence/flare-ups, it need to re-evaluate treatment success, if return to work achieved then one to two visits every four to six months. For ankle & foot, carpal tunnel syndrome, and Forearm, Wrist,& Hand, manual therpay is not recommended. In this case, the patient is being treated for a diagnosis of lumbosacral strain/strain, internal knee derangement, patellar femoral syndrome. His date of injury is 12/19/2012. The patient has already received 16 Chiropractic treatments. Review of the records lack the following: specific documentation as to functional improvements in the patient's condition derived by previous treatment; specific goals outlining expected improvements in functional capacity anticipated with additional treatment; when this patient will be transitioned to an HELP; what specifically is to be treated with the additionally requested six visits of Chiropractic. Based on the above, this request does not meet the guideline standards as outlined above. The decision for additional six chiropractic sessions of is not medically necessary.