

<b>Case Number:</b>	CM14-0058547		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Acupuncture 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 injured worker is a 46 year old male who reported low back and left knee pain from injury sustained on 09/19/12 while performing his usual and customary duties of twisting and turning around at the waist towards the left. EMG of low extremity revealed bilateral chronic active L5-S1 radiculopathy. Patient is diagnosed with status post left knee arthroscopy, left knee degenerative joint disease, left intervertebral disc syndrome, lumbar spine L4-5 spondylolisthesis. Patient has been treated with left knee arthroscopy, medication, aquatic therapy. Per medical notes dated 12/13/13, patient complains of left knee and low back pain. Pain is increasing in the low back. He is trying to get his back stronger and his leg stronger, but he states his left knee feels very unstable. Per medical notes dated 02/24/14, Patient states he is doing better. His left knee pain has decreased; however, his low back is still bothering him. Per medical notes dated 03/24/14, patient complains of low back pain with radicular pain down the left knee with left knee pain. Examination revealed tenderness to palpation of the lumbar spine and left knee. Provider requested initial trial of 4 chiropractic visits for lumbar spine and left knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy Treatment sessions to the lumbar spine and left knee for 4 sessions, 1 time a week for 4 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-59. 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 objectively measureable gain in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiological range-of motion but not beyond the anatomic range-of-motion. Low Back: Recommended as an option. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/ maintenance care- not medically necessary. Reoccurrences/ flare-ups- need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Knee: Not recommended. Patient has not had prior Chiropractic treatments. Provider requested 1X4 Chiropractic sessions for low back pain and left knee. Per MTUS guidelines, Chiropractic is not recommended for knee pain. Per review of evidence and guidelines, 4 Chiropractic visits are not medically necessary.