

<b>Case Number:</b>	CM14-0065598		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Chiropractor 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 claimant is a 48-year-old [REDACTED] who was involved in a work injury on 10/13/2010. On 4/7/2014 the claimant was evaluated by [REDACTED], orthopedic surgeon, complaining of bilateral knee pain. The claimant was diagnosed with bilateral traumatic knee arthritis. The recommendation was for a neoprene brace for the knee and that "the 2nd thing is that [REDACTED] [REDACTED] states that the patient has access to chiropractic adjustments to the spine 20 times a year, and we ask for authorization for that determination, noting that, although he is not having significant low back pain, there are periods of time when that occurs. That was on 8/2/2012." The provider submitted an RFA dated 4/11/2014 in which he requested chiropractic treatment at 2 times per week for 4 weeks. This was denied by peer review. On 5/20/2013 [REDACTED] reevaluated the claimant and provided the 3rd Viscosupplementation injection to the knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2x4, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The MTUS chronic pain treatment guidelines page 58 give the following recommendations regarding manipulation: "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." The requested 8 treatments exceed this guideline. Moreover, the request from report dated 4/7/2014 indicated that the claimant "is not having significant low back pain." Under the subjective complaints section there was no indication of any lumbar complaints or diagnoses related to the lumbar spine. This would suggest that this treatment is for maintenance or elective type care and as such is not supported by MTUS guidelines. Any additional treatment needs to be addressed on an as needed, per exacerbation basis and not a blanket request for future treatment. Therefore, the medical necessity for the requested 8 chiropractic treatments is not established.