

<b>Case Number:</b>	CM14-0184387		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	05/21/2011
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 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 38 year old female who reported low back and left knee pain from injury sustained on 05/21/11. The mechanism of injury was not documented in the provided medical records. The patient is diagnosed with chronic lumbar strain; left knee meniscal tear and status post arthroscopy. Per medical notes dated 05/28/14, the patient is experiencing frequent to intermittent low back pain. Pain radiates into the right leg down into the foot. Pain is increased with walking, sitting or standing and forward bending. Pain is rated at 6/10. She is experiencing frequent to intermittent pain in the left knee radiating down into the bottom of her foot. Per medical notes dated 09/16/14, the patient complains of low back pain and left knee pain. The patient returns with persistent low back pain which she rates at 7/10, it is frequent. She states that back is slightly worse with muscle spasms. She complains of left knee pain which she rates at 6/10. Pain is better with rest and is worse with activities. The provider requested initial trial of chiropractic treatments twice a week for four weeks which were denied by the utilization reviewer on 10/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment twice a week for four weeks for the left 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 Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** The patient has not had prior chiropractic treatments. The provider requested initial trial of 8 chiropractic treatment for left knees. Per guidelines 4-6 treatments are supported for initial course of chiropractic with evidence of functional improvement prior to consideration of additional care. The requested visits exceed the quantity of initial chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Definition 9792.20 (f): Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore, MTUS guidelines do not recommend chiropractic for knee pain. Per guidelines and review of evidence, 8 chiropractic visits are not medically necessary.