

<b>Case Number:</b>	CM14-0186615		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	02/13/2007
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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:

According to the available medical records, this is a 46 year old female with chronic left knee and left ankle pain, date of injury 02/13/2007. Previous treatments include surgeries, injections, medications, bracing, and physical therapy. Progress report dated 11/03/2014 by the treating doctor revealed patient with moderate sharp pain in the left knee, worse after sleeping with the knee pain. Left knee exam revealed marked tenderness to palpation along the plica, pain with hyperflexion, motor strength and neurologic intact. Diagnoses include enthesopathy of knee, depression, and asthma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Visits of chiropractic to the left knee to use Graston and/or dry needling:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Integrated Treatment/Disability Duration Guidelines, Pain (chronic)

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

**Decision rationale:** The claimant present with chronic left knee pain. Reviewed of the available medical records showed previous treatments include medications, left knee tibial tubercle

osteotomy, excision of the accessory navicular, spinal cord stimulator, physical therapy, left knee injections, and bracing. Current treatment request is 4 visits of chiropractic to the left knee is not medically necessary as MTUS guidelines do not recommend chiropractic treatment for chronic knee pain.