

<b>Case Number:</b>	CM14-0197913		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Chiropractor (DC), 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:

This 54 year old female was an administrative assistant when she sustained an injury on February 5, 2014. She reported she hyperextended her left knee when bending down and unloading boxes that each weighed 10-20 lb. from a cart. She developed left knee pain that became progressively worse. Prior treatment included radiographic studies, elevation of the leg, ice, elastic wrap, anti-inflammatory medication, crutches, physical therapy, and work restrictions. The diagnoses and results of the injury included hyperextension sprain/strain. On May 1, 2014, physical therapist noted that the injured worker had been treated with 4 sessions of physical therapy, which included soft tissue mobilization, therapeutic exercises, and a home exercise program, since April 3, 2014. On July 15, 2014, the treating physician noted the injured worker walked with a slight limp and posterior knee pain with attempting to hyperextend her knee. The physical exam revealed mild to moderate effusion of the left knee and slight posterior subluxation of her left tibia when lying with her feet on the table. The range of motion of bilateral knees was normal. There was mild muscle weakness of bilateral knees. There was no instability. The anterior drawer and Lachman were negative. On August 20, 2014, a MRI of the left knee revealed globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. A tear was not entirely excluded. On October 22, 2014, the treating physician noted worsening pain of the right knee. There were no objective findings regarding the knees documented on the physical exam. Diagnoses included sprain of unspecified site of knee and leg. The physician recommended continuing chiropractic treatment. Current medications were not included in the provided medical records. The medical records refer to a prior course of chiropractic therapy, but do not provide specific dates of service or results. On October 31, 2014 Utilization Review non-certified a prescription for 8 visits (two times a week for four weeks) of chiropractic therapy for the left knee. The chiropractic therapy

was non-certified based on the guidelines do not support manual therapy/manipulation for any condition of the knee. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines for Manual therapy/manipulation was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic care twice a week for four weeks to 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:** Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested continuation 2X4 chiropractic sessions for left knee pain. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, 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. Requested visits exceed the quantity supported by cited guidelines. Furthermore MTUS guidelines do not recommend chiropractic for knee pain. Per review of evidence and guidelines, 2X4 Chiropractic visits are not medically necessary.