

<b>Case Number:</b>	CM14-0206842		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 (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:

The patient is a 52 year old male who injured his chest, right hip, right thigh, right ankle and right knee on 9/12/2014. The mechanism of injury involves loss of footing while carrying a heavy box and falling. Per the PTP's progress report subjective complaints are listed as follows: "The patient presents for a follow up of a contusion of his chest, right hip, right thigh, right leg and ankle and sprain of right ankle. He has marked and extensive bruising of his right inner thigh and his lower leg." The patient has been treated with medications, topical creams, acupuncture and chiropractic care. The diagnosis assigned by the PTP for the right knee is right knee contusion. Diagnostic imaging studies reveal a negative right knee x-ray study. The PTP is requesting 8 sessions of chiropractic care to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2x Wk x 4Wks right knee:** 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 Official Disability Guidelines (ODG) Knee Chapter, Manipulation Section. Other Medical Treatment.

**Decision rationale:** This patient suffers from injuries to his lower extremities. The PTP's PR2 reports provided for review present no objective functional improvement with the chiropractic care rendered in the past. Furthermore, it is not clear if the chiropractic care was rendered to the knee or different body region. Objective functional improvement is absent from the records provided. In the absence of objective functional improvement per MTUS the additional chiropractic care is not warranted. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." Nevertheless, The MTUS ODG Knee Section does not recommend manipulation. Given that there has been no evidence of objective functional improvement with the chiropractic care rendered and as indicated by MTUS definitions and non-recommendation of manipulation to the knee, I find that the request for 8 chiropractic sessions to the right knee to not be medically necessary and appropriate.