

<b>Case Number:</b>	CM14-0213705		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	05/18/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 35 year old male who was injured on 05/18/11 when he slipped and fell in the rain injuring his right knee. He was diagnosed with right knee pain and pain into the lower leg. He received medications and physical therapy. A MRI of the right knee on 06/14/11 revealed osteoarthritis, tear of the medial meniscus, chronic partial tear of the anterior cruciate ligament w/o full thickness tear and joint effusion. Another MRI was performed on 04/11/13 revealing right knee medial meniscus tear, and minimal tricompartment arthritis. Surgery was performed on 03/21/14 for the meniscal tear and chondroplasty. He had at least 8 post-surgical sessions of physical therapy. The doctor is requesting Chiropractic manipulation 1 time per week for 4 weeks for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 1 time a week for 4 weeks for the 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 9792.20-9792.26 Page(s): 58 & 59.

**Decision rationale:** MTUS postsurgical guidelines state for the repair of the meniscus, postsurgical treatment is 12 visits over 12 weeks. The section does not specifically address manipulation to the knee. Therefore MTUS chronic pain medical treatment guidelines were utilized. MTUS chronic pain medical treatment guidelines state that manual therapy manipulation of the knee is not recommended. There are no extenuating circumstances presented within the file to support rejecting these guidelines. Based on the chronic pain medical treatment guidelines stance that manipulation to the knee is not recommended, the request for chiropractic treatment one time a week for four weeks to the right knee is not medically necessary.