

<b>Case Number:</b>	CM15-0006342		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66 year old male who sustained an industrial injury on 6/6/2012. He has reported pain to the neck and bilateral shoulders after a motor vehicle accident. The diagnoses have included cervical sprain/strain, bilateral shoulder sprain/strain ,status post cervical 2-4 fusion, status post left knee arthroscopy in 4/26/2013, right shoulder arthroscopy 5/6/2014 and status post right knee arthroscopy with meniscectomy-9/23/2014. Treatment to date has included 20 sessions of physical therapy after right knee surgery and medication management. Currently, the IW complains of post-operative pain. The treatment plan included additional 8 visits of chiropractic care total assistance to the right knee. On 12/31/2014 Utilization Review non-certified additional 8 visits of chiropractic care total assistance to the right knee, noting the request exceeds the recommended limits. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/6/2015, the injured worker submitted an application for IMR for review of additional 8 visits of chiropractic care total assistance to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional chiropractic/pt; 2 times a week for 4 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 337-339, Chronic Pain Treatment Guidelines Manual Therapy and

Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** According to MTUS guidelines, Manual therapy & manipulation "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to reevaluate." Based on the follow-up report dated December 18, 2014, the patient was noted to be improving with no locking or popping of the knee. The patient was status post arthroscopy right knee with partial medial meniscectomy performed on September 23, 2014. The patient was provided 20 sessions of physical therapy post-op. There is no functional deficits documented that could not be addressed with home exercise program. Therefore, the request for Additional chiropractic/pt; 2 times a week for 4 weeks is not medically necessary.