

<b>Case Number:</b>	CM15-0103814		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: California

Certification(s)/Specialty: Chiropractor

### 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 61 year old female, who sustained an industrial injury on 7/20/11. She reported right great toe pain. The injured worker was diagnosed as having capsulitis and degenerative joint disease of the right 1st metacarpophalangeal joint. Treatment to date has included acupuncture, the use of orthotics, and medication. Currently, the injured worker complains of right 1st metatarsal joint pain causing an abnormal gait and irritation to the right hip and knee. The treating physician requested authorization for an office visit with a chiropractor for the right hip and knee and 6 treatments of chiropractic care and manual therapy for the right hip and knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit with a chiropractor for the right hip and knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 106, 111, 115.

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

**Decision rationale:** The medical necessity for the requested chiropractic evaluation and 6 sessions of chiropractic treatment for the right knee and hip was not established. Medical treatment utilization schedule guidelines indicates that manipulation for knee complaints is not recommended. There is no evidence of significant clinical findings that suggest that the claimant is an outlier to the guideline. Therefore, the requested office visit and 6 sessions of chiropractic treatment for the right knee is not medically necessary.

**6 treatments of chiropractic care and manual therapy for the right hip and knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

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

**Decision rationale:** The medical necessity for the requested chiropractic evaluation and 6 sessions of chiropractic treatment for the right knee and hip was not established. Medical treatment utilization schedule guidelines indicates that manipulation for knee complaints is not recommended. There is no evidence of significant clinical findings that suggest that the claimant is an outlier to the guideline. Therefore, the requested office visit and 6 sessions of chiropractic treatment for the right knee is not medically necessary.