

<b>Case Number:</b>	CM15-0144600		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, 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 64-year-old female, who sustained an industrial injury on 8-19-13. The injured worker has complaints of bilateral knee pain left greater than right. The documentation noted that the injured worker has lumbar spine pain due to biomechanic changes. The documentation noted bilateral knee has medial joint line tenderness and chondromalacia patellar compression test is positive left and right. The diagnoses have included right knee sprain and strain, internal derangement, degenerative joint disease; left knee sprain and strain, internal derangement, degenerative joint disease; left knee sprain and strain, internal derangement, degenerative joint disease and cervical sprain and strain rule out radiculitis and radiculopathy. Treatment to date has included anterior cervical discectomy and fusion (ACDF); positive magnetic resonance imaging (MRI); physical therapy; acupuncture and chiropractic care. The request was for retrospective chiropractic, 4 visits on date of service 12-11-14, 12-16-14, 12-17-14 and 12-23-14 and chiropractic/physiotherapy, three times a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective chiropractic, 4 visits on DOS: 12/11/14, 12/16/14, 12/17/14, and 12/23/14:**  
 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The 7/8/15 UR determination denied retrospective Chiropractic DOS 12/11, 16, 17 and 12/23/14 citing CAMTUS Chronic Treatment Guidelines. The patient was reported to be status post surgical intervention and Chiropractic care without clinical documentation of functional improvement that per CAMTUS Chronic Treatment Guidelines is required for consideration of additional treatment. The medical necessity for consideration of retro DOS were not supported by reviewed reports or CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.

**Chiropractic/Physiotherapy, three times a week for six weeks:** 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 CA Medical Treatment Utilization Schedule (MTUS): The American College of Occupational and Environmental Medicine (ACOEM); 2nd Edition, 2004; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES; Title 8, California Code of Regulations, section 9792.20 et seq. Effective July 18, 2009; 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The 7/8/15 UR determination denied the request for additional Chiropractic treatment, 12 sessions with physiotherapy citing CAMTUS Chronic Treatment Guidelines. The patient was reported to be status post surgical intervention and Chiropractic care without clinical documentation of functional improvement that per CAMTUS Chronic Treatment Guidelines is required for consideration of additional treatment. The medical necessity for consideration of additional treatment, 12 sessions was not supported by reviewed reports or CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.