

<b>Case Number:</b>	CM15-0162982		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/29/2015
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Chiropractic

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 year old woman sustained an industrial injury on 3-29-2015. The mechanism of injury is not detailed. Diagnoses include lumbago and patellar tendonitis. Treatment has included oral medications. Physician notes on a PR-2 dated 7-13-2015 show complaints of knee and low back pain. Recommendations include 4 additional chiropractic therapy sessions with laser therapy, manual therapy (ART), adjustments to the extremity (knees) and lumbar spine and connective exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Chiropractic modalities (ART, Manip, Exercise, Laser) for 1x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation/MTUS Definitions Page(s): 58/1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Knee/Manipulation.

**Decision rationale:** The patient has received 11 chiropractic care sessions for her bilateral knees and lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care for the lumbar spine up to 18 sessions with evidence of objective functional improvement but it does not recommend manipulation for the knee. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. 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." There has been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 4 additional chiropractic sessions requested to the knees and lumbar spine to include ART, laser and exercises to not be medically necessary and appropriate.