

<b>Case Number:</b>	CM15-0169149		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: 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:

The injured worker is a 45 year old female who sustained an industrial injury on 1-10-13. Diagnosis was internal derangement of the left knee status post knee arthroscopy and manipulation (3-17-15); status post left knee arthroplasty (10-2-14); chronic low back pain; migraine headaches; lumbar disc degenerative disease; anxiety; depression. She currently is progressing in physical therapy with her left knee replacement noting increased range of motion but still with left knee tenderness. She has some left foot pain and bilateral numbness and tingling in her hands. In addition she has constant, severe low back pain with a pain level of 6-8 out of 10 as she compensates for her knee issues. She uses a cane for ambulation due to previous falls. On physical exam of the left knee (7-10-15), there was diffuse left knee tenderness medially and laterally over the anterior aspect of the left knee, decreased range of motion. Diagnostics included MRI of the left knee (8-15-14) showing posterior cruciate ligament repair, tricompartmental osteophyte; MRI of the lumbar spine unremarkable. Prior treatments included medications (current); Norco, OxyContin, ibuprofen; physical therapy; chiropractic therapy (per 4-16-15 note) provided very good but temporary relief per the 6-11-15 note the injured worker had six chiropractic sessions last year with some benefit and she feels it helped more than physical therapy and per the 7-23-15 note she has completed four out of six sessions of chiropractic treatments with very helpful results and on further clarification getting temporary relief but no progress as of yet. In the 7-23-15 progress note the treating provider requested eight more chiropractic sessions to the left knee. There was a request for authorization dated 7-23-15 for additional chiropractic visits twice per week for four weeks left

knee. The original utilization review dated 7-29-15 non-certified the request for post-surgical additional chiropractic therapy twice per week for four weeks for the left knee based on no indication of functional improvement as a result of prior treatments received to date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Chiropractic Therapy, twice a week, for four weeks, for the left knee:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The patient has received chiropractic care for her left knee injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions after the March 2015 surgery and manipulation under anesthesia (MUA) are reported to be 6. The MTUS Post-Surgical Treatment Guidelines Knee Chapter recommends 20 post-surgical physical medicine treatment sessions for MUA with a post-surgical physical medicine treatment period of 6 months. The patient has completed 6 sessions of post-surgical chiropractic sessions to the left knee. 14 sessions remain to be completed. The PTP is requesting 8 additional sessions. I find that the 8 additional sessions of post-surgical chiropractic sessions requested to the left knee to be medically necessary and appropriate.