

<b>Case Number:</b>	CM15-0181190		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 41 year old female, who sustained an industrial injury on April 14, 2014. The injured worker was being treated for contusion bilateral knees and bilateral knee patellofemoral pain syndrome with full thickness cartilage defect overlying the inferior aspect of the trochlear ridge with osteochondral region and medial meniscus tear with displacement of body, left knee (MRI 7-2-14). Medical records (April 20, 2015 to July 15, 2015) indicate ongoing left knee pain. The injured worker reported her left knee felt slightly better following the completion of left knee of a series of 5 Hyalgan injections. She ported decreased left knee pain and the ability to walk for longer periods of time. The medical records (April 20, 2015 to July 15, 2015) show the subjective pain rating shows improvement from 5 out of 10 to 3-4 out of 10. The physical exam (April 20, 2015 to July 15, 2015) reveals left knee flexion is mildly improved, swelling, positive patellofemoral grind and crepitus, tenderness to palpation of the medial and lateral joint lines, and tenderness of the patellar tendon. Per the treating physician (March 17, 2015 report), an MRI of the left knee performed on July 2, 2014 revealed a medial meniscus tear and tricompartmental cartilage loss most pronounced in the medial and patellofemoral compartments. The medical records refer to prior chiropractic therapy, but the dates and results of treatment were not included in the provided medical records. Other treatment has included work modifications, a left knee steroid injection, 5 viscosupplementation injections of the left knee, and medications including topical pain, antidepressant, and non-steroidal anti-inflammatory. Per the treating physician (July 15, 2015 report), the injured worker's work status is modified work with no climbing, squatting, or kneeling. The requested treatments included an

additional 12 sessions of chiropractic-physical medicine for the bilateral knees. On August 25, 2015, the original utilization review partially approved a request for an additional 6 sessions of chiropractic-physical medicine for the bilateral knees (original request for 12 sessions).

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

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

**Additional chiropractic/physical medicine 12 sessions bilateral knees: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her knee spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review. 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 and The ODG knee Chapter do not recommend manipulation for the knee. 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 have been no objective functional improvements with the care in the past per the treating physician's progress notes reviewed. The UR department has reviewed the request and approved 6 additional sessions. Unless post-surgical, The MTUS does not recommend manipulation for the knees. The patient has not received surgery although she is a candidate for left knee surgery. I find that the 12 additional chiropractic sessions requested to the bilateral knees to not be medically necessary and appropriate.