

<b>Case Number:</b>	CM15-0187826		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	12/04/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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:

This is a 47 year old male with a date of injury of December 4, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for internal derangement of the knee, knee sprain and strain, lumbosacral sprain and strain, thoracic sprain and strain, and cervical sprain and strain. Medical records dated July 8, 2015 indicate that the injured worker complained of right knee pain, lower back pain, mid back pain, left knee pain, and neck pain. A progress note dated August 4, 2015 documented complaints similar to those reported on July 8, 2015. Per the treating physician (July 8, 2015), the employee was unable to perform usual work. The physical exam dated July 8, 2015 reveals decreased and painful range of motion of the cervical spine, decreased and painful range of motion of the lumbar spine, positive Kemp's test bilaterally, decreased and painful range of motion of the bilateral knees, and diffuse tenderness of the knees. The progress note dated August 4, 2015 documented a physical examination that showed no changes since the examination performed on July 8, 2015. Treatment has included right knee surgery, 48 sessions of physical therapy, knee injections, and medications (Gabapentin). The utilization review (August 24, 2015) non-certified a request for chiropractic manipulation, electrical muscle stimulation, and intersegmental traction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulative treatment Qty: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic pain in the knee, neck, and back. Previous treatments include medications, right knee surgery, knee injections, physical therapy, and chiropractic. According to the available medical records, the claimant had completed 6 chiropractic treatment visits with no evidences of objective functional improvements. Based on the guidelines cited, the request for additional chiropractic manipulation treatment is not medically necessary.

**Electrical muscle stimulation Qty: 1.00: 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): Electrical stimulators (E-stim).

**Decision rationale:** The claimant presented with chronic neck, back, and knee pain. According to the available medical records, the claimant recently completed 6 chiropractic treatment visits with electrical muscle stimulation for the neck and low back. However, there is no evidence of objective functional improvements. Based on the guidelines cited, the request for additional visits with electrical muscle stimulation is not medically necessary.

**Intersegmental traction Qty: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, General Approach, Initial Care.

**Decision rationale:** The claimant presented with chronic pain in the knee, neck, and back. Previous treatments include medications, injections, physical therapy, and chiropractic. Although evidences based MTUS guidelines do not recommend intersegmental traction as a treatment for low back pain, the claimant had completed 6 chiropractic visits with intersegmental traction with no functional improvements. Based on the guidelines cited, the request for additional visits with intersegmental traction is not medically necessary.