

<b>Case Number:</b>	CM15-0191274		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	10/31/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old female, who sustained an industrial injury on 10-31-12. The injured worker is being treated for severe bilateral knee degenerative joint disease. Bilateral knee x-rays performed on 3-4 15 revealed bilateral knee degenerative joint disease, right knee severe lateral compartment narrowing, medial compartment narrowing, left knee lateral and medial compartment narrowing and normal patellofemoral joints. Treatment to date has included Synvisc injections 3 series (with increased range of motion noted following injection) and Voltaren gel; and activity modifications. On 9-4-15, the injured worker complains of upper and lower back pain rated 10 out of 10, left knee pain rated 0-2 out of 10 and right knee pain rated 8-10 out of 10. Disability status is noted to be permanent and stationary. Physical exam performed on 7-28-15 revealed an antalgic gait with no evidence of appreciable swelling over bilateral knees and no tenderness of patella is noted. On 9-4-15, physical exam revealed normal gait and decreased sensation over L3 dermatome. The treatment plan included request for 6 chiropractic and 6 physical therapy sessions. On 9-23-15 request for 6 chiropractic sessions was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy, lumbar spine, 2 times weekly for 3 weeks, 6 sessions: 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:** Chiropractic therapy, lumbar spine, 2 times weekly for 3 weeks, 6 sessions is not medically necessary per the MTUS Guidelines. The MTUS recommends a trial of manual medicine with 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Per documentation, the patient was certified 6 PT sessions for the lumbar spine on 9/23/15. At this point, there is not documentation of outcome of the 6 PT sessions. There are no extenuating circumstances which necessitate both PT and chiropractic therapy for the lumbar spine simultaneously. The request at this time for chiropractic therapy for the lumbar spine is not medically necessary.