

<b>Case Number:</b>	CM15-0193699		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 69 year old female who sustained an industrial injury on 11/20/2013. Medical records indicated the worker was treated for pain in the left knee. Diagnosis includes history of left knee meniscal tear, left knee degenerative joint disease. In the provider notes of 08-05-2015, the injured worker complains of pain in the left knee that she rates as an 8 on a scale of 0-10 which is an increase from her pain of 8 on a scale of 0-10 on her prior visit. Objectively, there is grade 3 tenderness to palpation which has remained the same since her last visit and she has restricted range of motion. McMurray's test is positive. A MRI dated 06-08-2015 is reported in the notes to have history of left knee meniscal tear, left knee degenerative joint disease, prepatellar bursitis, and a synovial cyst. The treatment plan is for pain medications both oral and topical, chiropractic evaluation and treatment, and topical medications. The worker is temporarily totally disabled. A request for authorization was submitted for Chiropractic, 12 sessions, 3x a week for 4 weeks and Synvisc injections, series of 3, for the left knee. A utilization review decision 09-04-2015 denied both requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic, 12 sessions, 3x a week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Manipulation.

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

**Decision rationale:** MTUS recommends against manual therapy to treat knee conditions. This request for chiropractic care does not adhere to MTUS 2009. There's no explanation provided as to why chiropractic care should be provided for the knee when evidence-based guidelines recommend against it. This request for chiropractic care is not medically necessary.

**Synvisc injections, series of 3, for the left knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Hyaluronic acid injections; Criteria for Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: hyaluronic acid injections.

**Decision rationale:** ODG states that hyaluronic acid injections are an option after failure of conservative treatment options including exercise and oral medications. They are indicated for osteoarthritis of the knee. This patient has failed to respond to non-steroidal anti-inflammatory drugs and as well as physical therapy. This request for hyaluronic acid injections adheres to ODG and is medically necessary.