

<b>Case Number:</b>	CM15-0193787		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 8-8-2012. Medical records indicate the worker is undergoing treatment for post-traumatic lumbar musculoligamentous sprain-strain with mild fasciitis, status post right knee arthroscopy and bilateral knee tendinitis. A recent progress report dated 8-24-2015, reported the injured worker complained of left knee pain locking and lumbar pain. Physical examination revealed left knee tenderness to palpation with mild effusion and lumbar tenderness over the paraspinal muscles and pain with flexion and extension. Lumbar magnetic resonance imaging showed multi-level bulges. Left knee magnetic resonance imaging showed a medial meniscus tear. Treatment to date has included surgery, postoperative physical therapy and medication management. The physician is requesting 12 visits of chiropractic care for the lumbar spine and bilateral knees. On 9-9-2015, the Utilization Review non-certified the request for 12 visits of chiropractic care for the lumbar spine and bilateral knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 3 times a week times 4 weeks total 12, lumbar spine, bilateral knees: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine. Decision based on Non-MTUS Citation ACOEM Chapter 4, Work-Relatedness page 65.

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

**Decision rationale:** The claimant presented with chronic low back pain and knee pain. According to the available medical records, previous treatments include medications, surgery, and physical therapy. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks, the request for 12 chiropractic visits exceeded MTUS guidelines recommendation. In addition, chiropractic treatment is not recommended for knee pain. Therefore, the request for 12 chiropractic treatment for this claimant knees and low back pain is not medically necessary.