

<b>Case Number:</b>	CM15-0195228		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Minnesota

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 who sustained an industrial injury on 10-15-2012. A review of the medical records indicates that the injured worker is undergoing treatment for knee-lower leg degenerative joint disease arthritis, major depressive disorder, lumbosacral sprain-strain and internal derangement of knee. According to the progress report dated 9-22-2015, the injured worker complained of ongoing knee pain. He reported no significant change in pain since his last visit. He reported compensatory back pain from walking with an antalgic gait. Per the treating physician (9-22-2015), the injured worker was to return to work with restrictions. The physical exam (9-22-2015) revealed a complaint of pain with palpation of the posterior aspect of the knee. There was a complaint of pain with palpation of the knee, although the injured worker was able to fully extend. Treatment has included right knee surgery, physical therapy, cognitive behavioral therapy and medications (Naprosyn, Neurontin, Abilify, Duloxetine and Paxil). The physician noted (9-22-2015) that recent magnetic resonance imaging (MRI) revealed no obvious meniscal tear. The treatment plan was for chiropractic treatment for the lumbar spine. The request for authorization was dated 9-23-2015. The original Utilization Review (UR) (9-29-2015) denied a request for 12 sessions of chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy qty 12: Upheld**

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

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested chiropractic therapy of 12 visits over an unspecified period of time and an unknown area(s) to be treated (Knee &/or low back. The guidelines above do not recommend manipulation of the knee. The requested treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.