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| <b>Case Number:</b>   | CM15-0044549 |                              |            |
| <b>Date Assigned:</b> | 03/16/2015   | <b>Date of Injury:</b>       | 03/30/2012 |
| <b>Decision Date:</b> | 04/22/2015   | <b>UR Denial Date:</b>       | 02/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/09/2015 |

### 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, Oriental 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 62 year old female, who sustained an industrial injury on 03/30/2012. On provider visit dated 02/12/2015 the injured worker has reported right knee residual symptoms. The diagnoses have included osteoarthritis- right knee. Treatment to date has included physical therapy, right knee arthroscopic surgery with total medial meniscectomy and chondropasty of the medial femoral condyle, MRI, laboratory studies, shockwave therapy and manipulative therapy. Per a PR-2 dated 2/3/15 by the chiropractor, she states that the R knee is the same with no change and that she has pain in the lumbar spine especially in the left hip. Per a PR-2 dated 12/9/14 by the chiropractor, the right knee is worse and there is numbing on the toes. Adjustments helped because ankles and feet were throbbing. Neck hurts with all movements and low back is provoked by movement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care right knee only 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. It is unclear whether the claimant had already exceeded the 24 visit maximum prior to this visit. In addition, the claimant did already have chiropractic treatments with no functional improvement. Furthermore, chiropractic is not recommended for the knee. Therefore eight further chiropractic visits are not medically necessary.