

<b>Case Number:</b>	CM15-0053201		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/07/2015
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Chiropractic

### 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 37-year-old man sustained an industrial injury on 1/7/2015. The mechanism of injury is not detailed. Diagnoses include left knee joint pain. Treatment has included oral medication and surgical intervention. Physician notes dated 2/6/2015 show complaints of left knee pain rated 8/10. Recommendations include physical therapy. The worker received an injection to the left knee during this visit. The PTP is requesting an initial trial of 12 sessions of chiropractic care to the left knee. The carrier has modified the request and approved an initial trial of 6 sessions of chiropractic care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy (2 times per week for 6 weeks), QTY: 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Knee Chapter, Manipulation Section.

**Decision rationale:** The UR reviewer notes, in a conversation with the requesting chiropractor and as provided in the records, state that chiropractic care has not been provided for this patient in the past. The MTUS recommends a trial of 6 sessions of manipulation to be rendered over 2 weeks but this recommendation is for the neck and lower back and does not apply to the knee. The MTUS Chronic pain Medical Treatment Guides and The ODG Knee chapter does not recommend manipulation. The UR department has conducted a peer review with the requesting physician and approved 6 session of chiropractic care per The MTUS. I find that the 12 chiropractic sessions requested to the left knee to not be medically necessary and appropriate.