

<b>Case Number:</b>	CM15-0080773		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 42 year old year old female sustained an industrial injury to the left knee, left wrist and left shoulder on 5/3/14. Previous treatment included magnetic resonance imaging, left knee arthroscopy with medial and lateral meniscectomy, physical therapy, acupuncture, chiropractic therapy, injections and medications. In a PR-2 dated 3/19/15, the injured worker complained of pain to the left shoulder, elbow, wrist and knee. Current diagnoses included left shoulder bursitis, left shoulder impingement syndrome, left lateral epicondylitis, left wrist internal derangement, left wrist sprain/strain, status post left wrist fracture, left knee degenerative joint disease, left knee lateral meniscus tear and left knee sprain/strain. The treatment plan included additional chiropractic therapy and acupuncture for the left shoulder, knee and wrist, left shoulder arthroscopic subacromial decompression with 12 postoperative physical therapy sessions and left knee arthroscopic lateral meniscectomy with twelve postoperative physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Chiropractic Physical Therapy sessions for the left knee, left shoulder and left wrist:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, chiropractic manipulation is not recommended for the knee and wrist with no recommended for the shoulder. The doctor has requested 8 chiropractic physical therapy sessions for the left knee, left shoulder and left wrist. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary. (Post-surgical physical medicine treatment for the shoulder is found on pages 26 & 27, section 9792.20. Post-surgical physical medicine treatment for the knee is in section 9792.20, pages 24 & 25 and the wrist is on pages 15 & 16 for CTS.) It is not clear how much treatment the patient has received pre- and/ or post-surgical and how he has responded to that care using objective measurable gains in functional improvement.