

<b>Case Number:</b>	CM13-0035002		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/23/2013
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Michigan, Nebraska and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 year old male who reported an injury on 06/24/2013. The mechanism of injury was a fall. The patient was diagnosed with contusion of the right knee. The patient complained of pain to the right knee and the physical examination revealed tenderness on palpation along the medial aspect of proximal tibia and adjoining joint line, painful range of motion in the end of flexion and muscle strength 5/5. The patient had an injection to the right knee on 06/27/2013 for diagnostic and therapeutic purposes. The periodic report dated 07/25/2013 stated the patient reported relief from the injection. A CT arthrogram of the right knee showed no evidence of flipped meniscus or fractures. The patient was recommended physical therapy for the right knee and was treated with Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care to the lumbar spine (12 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**Decision rationale:** CA MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The patient's complaint was about his right knee. The clinical documentation submitted for review does not indicate a complaint of pain to the lumbar area. As such, there is no medical necessity for lumbar chiropractic care at this time. Therefore, the request is non-certified.

**orthopedic consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

**Decision rationale:** CA MTUS/ACOEM recommends surgical consultations for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The patient complained of knee pain and was recommended physical therapy. However, no objective clinical documentation was submitted indicated the decreased range of motion, strength or other conservative care the patient may have participated in as recommended by the guidelines. Also, a CT arthrogram of the right knee showed no evidence of flipped meniscus or fractures. Given the lack of documentation to support the guidelines criteria, the request is non-certified.