

<b>Case Number:</b>	CM14-0100249		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/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:

This 34 year old male claimant with an industrial injury dated 07/07/13. The patient is status post a left knee arthroscopy, meniscectomy as of 02/19/14. Exam note 06/10/14 states the patient returns with left knee discomfort despite the surgical intervention. Upon physical exam there was a popping when completing the range of motion test. Also there was evidence of quadriceps atrophy, effusion, crepitus with range of motion as well. The patient states that the chiropractic therapy has been beneficial. Treatment includes a continuation of chiropractic therapy for the left knee. Request is made for 8 visits 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 Left Knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, chiropractic are is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18

visits over 6-8 weeks. In this case the exam note from 6/10/14 does not demonstrate functional improvement to justify further visits. Therefore the request is not medically necessary and appropriate.