

<b>Case Number:</b>	CM14-0125433		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 licensed in Chiropractic, has a subspecialty in Acupuncture 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:

The patient is reported to be a 44 years old male with a date of injury of 9/16/2013; mechanism of injury is unknown. Injury was claim to the ankle and knee that came under the medical management of [REDACTED] and Chiropractic are with [REDACTED], DC. Arthroscopic surgery was performed on 1/22/14 followed by both physical therapy and Chiropractic care. On 5/27/14 additional physical therapy for the ankle/knee requested by [REDACTED] was denied and later appealed on 6/25/14. The UR determination relied on the records reviewed and supported by CAMTUS/ACOEM Guidelines for manipulation of the lower back and extremities and the CAMTUS Chronic Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic for Lumbar Spine 2xwk x 4wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Manipulation ODG Chiropractic Guidelines -

**Decision rationale:** On July 2, 2014, a UR determination denied additional physical therapy to the patient's knee/ankle. The UR determination denial was issued to [REDACTED] and supported by medical, Chiropractic and physical therapy charting. The patient sustained an industrial injury on 9/16/13 that ultimately led to arthroscopic surgery on 1/22/14. Therapy followed surgery under [REDACTED] and [REDACTED]. Physical Therapy totaled 23 sessions with reviewed medical/Chiropractic treatment records failing to document knee or ankle deficits necessitating further care in excess of the 23 provided. In the absence of any residual objective findings of knee or ankle injury or post-operative residuals, further reliance on passive modalities including manual therapy would not be supported by reference CAMTUS/ACOEM Treatment Guidelines and CAMTUS Chronic Treatment Guidelines. The reviewed medical and Chiropractic records failed to establish the medical necessity for additional Chiropractic physical therapy care beyond the 23 visits provided. Absent functional deficits necessitating care, referenced CAMTUS Guidelines would not support the care as requested by [REDACTED] on 6/24/14. The request is not medically necessary.