

<b>Case Number:</b>	CM14-0163088		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 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:

According to the available medical records, this is a 59 year old female with chronic right knee pain, date of injury is 10/29/2009. Previous treatments include medications, injections, laser, chiropractic, acupuncture, physical therapy, right knee surgery, and home exercises. Progress report dated 08/28/2014 by the treating doctor revealed patient has continue discomfort, decreased use of medications, minimal relief with acupunctures, increased in ADL's. Objective findings include positive joint effusion, pain with ROM, decreased ROM, pes bursa tender to palpation, and positive quad weakness. Diagnosis is right pes bursitis status post bunionectomy. The patient remained off-work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Services with Modalities and Exercises, 12 Visits (2 Times A Week for 6 Weeks), R-Pes Bursitis:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** The claimant present with ongoing right knee pain despite previous treatments with medications, injections, physical therapy, chiropractic, acupuncture and surgery. The patient reported some subjective improvements, however, she remained off-work. While MTUS guideline do not recommend chiropractic treatment for the knee, the patient has had chiropractic treatment previously with no evidence of objective functional improvements. Based on the guideline cited above, the request for 12 chiropractic treatments with modalities and exercise is not medically necessary.