

<b>Case Number:</b>	CM14-0166783		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 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:

According to the available medical records, this is a 63 year old male with chronic left knee pain; date of injury is 10/03/2012. Previous treatments include left knee arthroscopy, physical therapy, chiropractic, medications and home exercises. Progress report dated 09/11/2014 by the treating doctor revealed the injured complains of left knee pain; he is a little better from last visit. Knee examination revealed tenderness over the medial and lateral joint lines of the patella, ROM: flexion 100, extension 0, internal rotation 5, and external rotation 5. Diagnoses include status post left knee arthroscopic, left knee pain, left knee bucket handle tear of the medial meniscus, left knee oblique tear of the medial meniscus, left knee partial -thickness tear of the anterior cruciate ligament, stress and status post left knee revision arthroscopy. The injured worker was placed on total temporary disability for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment with Physiotherapy and Myofascial release 2 times a week for 6 weeks for left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 98 and 99.

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

**Decision rationale:** The claimant presents with chronic left knee pain. He has had medications, physical therapy, chiropractic, and 2 arthroscopic surgeries. While MTUS do not recommend chiropractic treatment for knee complains, the claimant has had chiropractic treatments. However, the total visits are unknown and evidences of objective functional improvement are not documented. Based on the guideline cited, the request for 12 chiropractic treatments for the left knee is not medically necessary.