

<b>Case Number:</b>	CM14-0177779		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of October 2, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; earlier knee arthroscopy on December 18, 2013; a 7% whole-person impairment rating; and reported return to regular duty work as of a permanent and stationary evaluation dated April 7, 2014. In a Utilization Review Report dated September 20, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy and a functional capacity evaluation. The applicant's attorney subsequently appealed. In an earlier permanent and stationary report dated April 7, 2014, it was noted that the applicant reported 2/10 knee pain and was reportedly working regular duty as of that point in time. A 7% whole-person impairment rating was issued. In a handwritten Request for Authorization form, dated July 3, 2014, authorization was sought for chiropractic manipulative therapy, physiotherapy, extracorporeal shock wave therapy, x-rays of numerous body parts, and a functional capacity evaluation. The note comprised almost entirely of preprinted checkboxes, with little to no narrative

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions Chiropractic Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

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

**Decision rationale:** The primary pain generators, per the claims administrator's Utilization Review Report and the attending provider's handwritten progress note, are the knees. However, page 58 of the MTUS Chronic Pain Medical Treatment Guidelines notes that manual therapy or manipulation is "not recommended" for issues involving the knees, as appear to be present here. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the time deemed necessary to produce effect following introduction of manipulative therapy/chiropractic treatment is "four to six treatments." The request, thus, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

**FCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions, in this case, however, the applicant, per an earlier April 2014 permanent and stationary report, had already successfully returned to regular duty work. It is not clear what role functional capacity testing would serve in the clinical context present here. The attending provider's handwritten RFA form contained little in the way of narrative commentary so as to augment the request at issue. Therefore, the request is not medically necessary.