

<b>Case Number:</b>	CM14-0185327		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 74 year old male with chronic knees and low back pain, date of injury is 04/13/2011. Previous treatments include medications, LINT therapy, chiropractic, physical therapy, acupuncture, TENS unit, foot orthotics, and home exercises. Progress report dated 09/12/2014 by the treating doctor revealed patient complains of constant severe to 8-9/10 dull, throbbing low back pain, weakness and cramping, relief from chiro, constant severe to 6/10 achy, sharp right knee pain and heaviness, intermittent moderate dull, achy, sharp left knee pain, stiffness, tingling and weakness, associated with standing, walking, driving, bending, kneeling, and squatting. Objective findings include trigger points of paraspinals present bilaterally on the lumbar spine, ROM decreased and painful, lumbar paraspinals muscles spasm and tender to palpation, positive Kemp' test bilaterally, positive sitting Straight leg raise bilaterally, swelling presented at the right knee, ROM decreased and painful, tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee, positive McMurray's, left knee ROM decreased and painful, tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee, positive McMurray's. Diagnoses include degeneration of lumbar intervertebral disc, lumbar disc protrusion, lumbar myospasms, lumbar pain, lumbar radiculopathy, lumbar sp/st, lumbar stenosis, right knee chondromalacia, right knee internal derangement, right knee meniscus tear, right knee pain, right knee sp/st, left knee chondromalacia, left knee internal derangement, left knee medial meniscus tear, left knee pain, left knee sp/st, elevated blood pressure, and hypertension. The patient remains off-work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 chiropractic treatment sessions:** Upheld

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

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

**Decision rationale:** The claimant presents with chronic low back and knees pain for over 3 years duration. The available medical records showed he has had chiropractic treatments in 2013, however, there is no treatment record available and the total visit received is unclear. There has been several request for chiropractic treatment in 2014, however, there is only chart note for treatment on 09/23/2014 and 09/16/2014 available. Reviewed of the medical records did not note any evidences of objective functional improvement with previous chiropractic treatments, the total number of visits is unknown, and more importantly, MTUS guidelines do not recommend chiropractic treatment for chronic knee pain. Therefore, the request for 8 chiropractic treatments is not medically necessary.