

<b>Case Number:</b>	CM14-0098067		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/10/2006
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 and 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 injured worker is a 57 year old male who reported low back and bilateral knee pain from injury sustained on 08/10/06 due to fall. MRI of the lumbar spine revealed multilevel disc desiccation and multilevel disc protrusion. MRI of the left knee dated 02/18/14 revealed myxoid degeneration in posterior horn of medial meniscus; fabella; early degenerative arthritis and small knee joint effusion. MRI of the right knee dated 02/18/14, revealed grade 3 tear in the posterior horn of the medial meniscus macerated body of medial meniscus arthritis. Patient is diagnosed with unspecified internal derangement of knee and lumbar spine sprain/strain. Patient has been treated with acupuncture, physical therapy, shockwave therapy, status post bilateral knee arthropathy. Per medical notes dated 03/06/14, patient complains of low back pain radiating to bilateral legs, bilateral knees and neck pain. Per medical notes dated 04/30/14, patient complains of low back pain rated 8/10. Pain is described as constant, sharp and dull, radiating into the bilateral legs down to the ankles with tingling, numbness and burning sensation. Per medical notes dated 06/05/14, patient complains of right knee pain. Primary treating physician is requesting 4X3 chiropractic sessions for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC 3XWK X 4WKS RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MAIPULATION Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59--59.

**Decision rationale:** MTUS- Chronic Pain medical treatment guideline - Manual therapy and manipulation Page 58-5. Recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objectively measureable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Therapeutic care- trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Knee: Not recommended. Provider is requesting 4X3 Chiropractic treatments for right knee. Per Chronic Pain medical treatment guidelines, Chiropractic is not recommended for knee pain; therefore 12 Chiropractic visits are not medically necessary.