

<b>Case Number:</b>	CM14-0098137		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/11/2014
<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 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 49 year old male patient with chronic right knee pain, date of injury is 02/08/2012. Previous treatments include medications, physical therapy, injections, 2 arthroscopic surgery, total joint replacement, and home exercise program. Progress report dated 06/03/2014 by the treating doctor revealed patient with chief complaint of right knee pain. Examination of the right knee revealed mild tenderness to posterior thigh, tenderness of the medial joint line, mild effusion, ROM is full extension to 125 degrees flexion with sharp pain at 130 degrees of flexion. Assessment include improving status post total knee replacement on 10/08/2013, he has scar tissue in the posterior knee where the tibial poly impacts the femur.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Chiropractic visits- Right Knee: Upheld**

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

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

**Decision rationale:** The patient present with chronic right knee pain, and he has had extensive treatments on the knee which include injections, physical therapy, medications and multiple surgeries but remains symptomatic. While CA MTUS guidelines do not recommend chiropractic treatment for chronic knee pain, the request for 6 chiropractic visits for the right knee is therefore, not medically necessary.