

<b>Case Number:</b>	CM14-0212287		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 31 year old male with date of injury 08/26/14. The treating physician report dated 10/02/14 (57) indicates that the patient presents with pain affecting the lower back and right knee. The physical examination findings reveal range of motion to forward flexion is 60 degrees, extension is 20 degrees, and side bending is within normal limits bilaterally. Inspection of the lumbar spine reveals no asymmetry or scoliosis. There is normal alignment with normal lumbar lordosis. There is tenderness to palpation over the bilateral lumbar paraspinal muscles. There is no spinous process tenderness or masses palpable along the lumbar spine. There is negative lumbar facet loading maneuver bilaterally. There is negative straight leg raise test bilaterally in the seated and supine position to 50 degrees. There is negative Patrick's test. Prior treatment history includes laser surgery for cleaning of knee in 2006. MRI findings reveal L4-LS broad-based disc protrusion, facet hypertrophy, and spinal canal, neural foraminal narrowing (68). The current diagnoses are: 1. Unspecified internal derangement of knee [717.9]2. Lumbago [724.2].The utilization review report dated 11/20/14 denied the request for 10 Chiropractic visits for the lumbar spine and right knee based on MTUS recommending a trial of 6 visits to asses for effectiveness of the manual therapy and manipulation for the low back, but does not recommend manual therapy and manipulation for the right knee, so the quantity of 10 visits exceeds the guideline recommendation for the low back and the guideline does not recommend treatment for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**10 Chiropractic visits for the lumbar spine and right knee:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the lower back and right knee. The current request is for 10 Chiropractic visits for the lumbar spine and right knee. The treating physician states chiropractic physiotherapy would be helpful in reducing the patient's symptomatology, with a focus on spinal treatments, soft tissue modalities and core stretching and strengthening. The MTUS guidelines clearly state that chiropractic manipulation is not recommended for the ankle or the knee. Additionally, low back chiropractic manipulation states a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. In this case the treating physician has requested visits in excess of the recommended trial for low back, and has requested chiropractic manipulation of the knee, which is clearly not recommended. Recommendation is for denial.