

<b>Case Number:</b>	CM14-0217895		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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, Minnesota  
 Certification(s)/Specialty: Chiropractor

### 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 35 year old male, who sustained an industrial injury on 10/20/10. He has reported chronic knee and lower back pain. The diagnoses have included lumbar strain, left knee contusion and left knee strain. Treatment to date has included physical therapy, diagnostic studies and oral medications. As of the PR2 dated 12/5/14, the injured worker reported constant knee pain rated 5/10. He does wear a knee brace. The treating physician requested chiropractic sessions x 6 to the right knee. On 12/13/14 Utilization Review non-certified a request chiropractic sessions x 6 to the right knee. The UR physician cited the MTUS guidelines for chronic pain and manual therapy/manipulation. On 12/26/14, the injured worker submitted an application for IMR for review of chiropractic sessions x 6 to the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy Treatment for 6 Sessions to the Right Knee, 1x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the knee is not recommended. This is found on page 58. Therefore the chiropractic treatment to the knee is not medically necessary.