

<b>Case Number:</b>	CM15-0122835		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 59 year old male with an industrial injury dated 05/11/2012. The injury is documented as occurring when he was preparing a metal ramp and it slipped and landed on his knees. He felt immediate pain to the knees and he experienced a pulling pain to his neck, shoulders and lower back. His diagnoses included bilateral knee medial meniscus and lateral meniscus tears and status postindustrial bilateral knee injury. Prior treatment included cortisone shot to knee, diagnostics and physical therapy. He presents on 01/19/2015 with continued symptoms despite aggressive conservative measures. Physical exam noted normal range of motion of the knee. He reports a pain level of 9/10. There was tenderness of the patellar tendon, medial joint line tenderness, and lateral joint line tenderness. Left knee arthroscopic partial medial and partial labral meniscectomy was done on 04/22/2015. Treatment request was for chiropractic service for left Knee, 2 times weekly for 4 weeks (8 visits), then 1 time weekly for 4 weeks (4 visits) - Post operative rehab with exercises, myofascial release, modalities and manipulation) - 12 total visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic service for Left Knee, 2 times wkly for 4 wks (8 visits), then 1 time wkly for 4 wks (4 visits) - Post operative rehab with exercises, myofascial release, modalities and manipulation) - 12 total visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59, Postsurgical Treatment Guidelines.

**Decision rationale:** The 6/23/15 UR determination notice of denial of requested Chiropractic care 8 visits followed by an additional 1x4 of post-operative therapy, 12 sessions, cited CAMTUS Chronic Treatment Guidelines. The medical records identified the completion of 12 post-operative chiropractic therapy sessions prior to the new request for additional care, 12 sessions. Although the patient is reported as improved, evidence of functional improvement was not provided leaving the additional care contrary to CAMTUS Chronic Treatment/Post-Operative Treatment Guidelines. The medical necessity for the requested 12 additional Chiropractic visits to the patient's knee was not supported by records reviewed or supported by referenced CAMTUS Chronic Treatment/ Post-Operative Treatment Guidelines. Therefore this request is not medically necessary.