

<b>Case Number:</b>	CM15-0127264		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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

### 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 73 year old male patient who sustained an industrial injury on 08/02/2013. The worker is employed as a salesman and the accident reported him having fallen to the ground secondary to his left knee giving out as he was walking a steep hill. The patient was seen and treated for a left knee sprain and lumbar sprain with negative radiographic findings. He was prescribed a course of physical therapy with a modified work duty. In September of 2013 he was diagnosed with medial compartmental arthritis and was expected to return to regular work duty on 12/02/2013. The patient was deemed having had reached medical maximum improvement on 04/17/2014. A primary treating office visit dated 05/22/2015 reported the patient with subjective complaint of having left knee pain. He is status post an injection 6 months prior and it is starting to wear off. He reports the last chiropractic care was 4 months previously and did provide greater than 50% relief of symptom, which allowed him to increase activity. The patient is requesting to participate in additional chiropractic session. He also is with subjective complaint of low back pain. The final diagnoses were: left knee industrial aggravation of medial compartment arthritis; status post left complete medial meniscectomy in 1970, and industrial aggravation of lumbar degenerative disc and joint disease. A left knee injection was administered this visit. He was with the recommendation to participate in additional chiropractic session.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 times a week for 3 weeks for the low back and left knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

**Decision rationale:** The medical necessity for the requested 6 chiropractic treatments was established. The claimant presented to the provider's office complaining of increased knee and back pain. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. 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." The requested 6 treatments are consistent with this guideline. The claimant previously received 18 treatments prior to determining to be permanent and stationary on 6/30/2014 with 50% overall improvement. This indicates that it had been at least 11 months since the claimant had received any chiropractic treatment. Given the improvement noted as a result of the previous course of care and the claimant's presenting complaints, the requested 6 treatments can be considered appropriate. The previous peer reviewer approved treatment but only approved 2 of the requested 6 treatments. The request is medically necessary.