

<b>Case Number:</b>	CM15-0128247		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Chiropractic

### 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 29 year old female who sustained in industrial injury on 10/24/10. She had complaints of bilateral knee pain. Treatments include medication, acupuncture, chiropractic treatment, physiotherapy, laser therapy, aquatic therapy and surgical intervention (2011). Primary treating physician's progress report dated 5/4/15 reports continued complaints of intermittent pain of right knee. Diagnoses include: sprain of knee and leg NOS and aftercare surgery musculoskeletal system. Plan of care includes request for chiropractic therapy 2 times per week for 4 weeks. Work status: return to full duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatments 2 times a week for 4 weeks for the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, Postsurgical Treatment Guidelines Page(s): Knee Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Manipulation.

**Decision rationale:** The patient has not received chiropractic care for her knee injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines does not recommend manipulation for the knee. The ODG Knee Chapter does not recommend manipulation for the knee. The MTUS Post Surgical Treatment Guidelines does recommend post-op manipulation to the knee however, the surgery was performed in 2011 and the post-op physical medicine treatment period for arthroscopy of the knee is 6 months. 4 years has passed since the surgery. I find that the 8 chiropractic sessions requested to the right knee to not be medically necessary and appropriate.