

<b>Case Number:</b>	CM15-0024022		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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:

According to the available medical records, this is a 54 year old male with chronic right knee pain; date of injury is 06/12/2014. Previous treatments include medications, exercises, chiropractic, and cortisone injection. Progress report dated 10/24/2014 by the treating doctor revealed patient with constant right knee pain, 5-6/10 on pain scale, swelling, popping, grinding, weakness, and give-away, numbness behind right knee extending up the leg to buttocks and medially up to groin with pain, constant right lower leg/tibia pain, 2-10/10 on pain scale, tingling/numbness from knee down to toes. Patient presented wearing right knee support and using single point cane, there is a visible large knot on the right distal shin anteriorly, size of a golf ball, decreased dermatomes on right L4, unable to perform heel/toe walk, positive patella grinding, positive McMurray's, decreased motor strength in right knee flexion and extension, right knee meniscus and patella tendon tender to palpation. Diagnoses include medial meniscal tear right knee, chondromalacia patella, and right distal leg contusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment on the right knee with emphasis on therapeutic exercise, twice weekly for three weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual  
Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: 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. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended Page(s): 58-59.

**Decision rationale:** The claimant presented with ongoing right knee pain and lower leg pain despite previous treatments with medications, injections, physical therapy, chiropractic, and home exercises. While evidences based MTUS guidelines do not recommend chiropractic treatment for the knee, the claimant has had 6 chiropractic treatments with minimal improvement in his ability to stand, 15 min to 20 min. Overall, his subjective and objective findings remained unchanged. Based on the guidelines cited, the request for additional 6 chiropractic treatment for the right knee is not medically necessary.