

<b>Case Number:</b>	CM15-0062333		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	12/22/2003
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 22, 2003. In a utilization review report dated March 20, 2015, the claims administrator failed to approve a request for 12 sessions of chiropractic manipulative therapy for the right knee. The claims administrator referenced RFA forms of February 10, 2015 and February 25, 2015 in its determination. The applicant's attorney subsequently appealed. On February 25, 2015, the applicant was placed off work, on total temporary disability. Ongoing complaints of left shoulder and right knee pain were reported, 4/10. Flexeril, Protonix, Naprosyn, several topical compounded medications, extracorporeal shockwave therapy, 12 sessions of acupuncture, and 12 sessions of manipulative therapy were endorsed while the applicant was kept off of work, on total temporary disability.

### 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 6 week right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-80.

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

**Decision rationale:** No, the request for 12 sessions of chiropractic manipulative therapy is not medically necessary, medically appropriate, or indicated here. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manual therapy and manipulation are "not recommended" for the knee, the body part at issue. Here, the attending provider failed to furnish a clear or compelling applicant-specific rationale for selection of manipulative therapy for the knee, i.e., body part for which is not recommended. Therefore, the request is not medically necessary.