

<b>Case Number:</b>	CM15-0074517		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 29 year old female who sustained an industrial injury on 03/18/2013. She reported left knee, wrist and low back pain. She has occasional left knee aching that is mild, rated a 2/10. Her bilateral lower back pain is rated a 5/10 with radicular symptoms. She has intermittent right wrist pain described as aching, and rated a 1/10 that is essentially resolved. Her left wrist had pain that is rated a 2 /10 that hurts when lifting a heavy object but is improving. She has frequent bilateral mild back pain rated as a 5 on the scale of 10 that is reduced by lying down, medication, range of motion, sitting and stretching. She feels like she is improving. The injured worker was diagnosed as having other symptoms referable to back. Treatment to date has included non-steroidal anti inflammatories, therapeutic exercise, and chiropractic manipulation. Currently, the injured worker complains of mild to moderate pain as described above. Spinal manipulations scheduled once a week for four weeks (total 4) are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Spinal Manipulation 1x week for 4 weeks for the left knee: 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 and manipulation Page(s): 58-59.

**Decision rationale:** The claimant complains of occasional left knee pain after a fall at work. She has been noted to have a "limping gait." Physical examination reveals full ROM of bilateral knees. Her weight is 227 lbs and height is 5'6". She has no motor/sensory or reflex loss. Her LS spine has tenderness to palpation with some muscle spasm. MTUS guidelines do not indicate that chiropractic manipulation is recommended for the knee. There is no clinical data existing to support any need or benefit from chiropractic treatments to the knee. Therefore the request is deemed not medically necessary.