

<b>Case Number:</b>	CM15-0078462		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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 37 year old male, who sustained an industrial injury on 8/22/2012. He reported injury to both knees when pulling a pallet jack that got stuck. The injured worker was diagnosed as having knee sprain/strain. Treatment to date has included diagnostics, physical therapy, restricted work, and medications. The injured worker received chiropractic x6 sessions from 4/13/2014 to 11/20/2014 and chiropractic x 2 sessions from 1/04/2015 to 2/22/2015. On 2/22/2015, the injured worker complained of bilateral knee pain, not rated, and current medication regime was not noted. He was able to do more activities of daily living with less restrictions and was not using a cane to ambulate. His work status remained modified, if a job became available. Pain level to both knees was rated 7/10 on 2/13/2015, not rated on 1/04/2015. On 11/23/2014, his complaint was bilateral knee pain, not rated. He was able to do more activities of daily living with less restrictions and was not using a cane to ambulate. He rated pain 3/10 on 11/21/2014 and was noted to use a single point cane for ambulation. On 4/13/2014, his bilateral knee pain was not rated and again was documented as able to do more activities of daily living with less restrictions and was not using a cane to ambulate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of chiropractic care, provided from April 13 to November 30, 2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

**Decision rationale:** The claimant presented with chronic knee pain. Previous treatments include medications, chiropractic, and physical therapy. The claimant has completed 6 chiropractic sessions from 04/13/2014 to 11/20/2014 and 2 sessions from 01/04/2015 to 02/22/2015. Evidences based MTUS guidelines do not recommend chiropractic treatment for the knee, therefore, the request for 6 chiropractic treatment sessions provided from 04/13/2014 to 11/30/2014 is not medically necessary.

**Two sessions of chiropractic care, provided from January 4 to February 22, 2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

**Decision rationale:** The claimant presented with chronic knee pain. Previous treatments include medications, chiropractic, and physical therapy. The claimant has completed 6 chiropractic sessions from 04/13/2014 to 11/20/2014 and 2 sessions from 01/04/2015 to 02/22/2015. Evidences based MTUS guidelines do not recommend chiropractic treatment for the knee, therefore, the request for 2 chiropractic treatment sessions provided from 01/04/2015 to 02/22/2015 is not medically necessary.