

<b>Case Number:</b>	CM15-0092403		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, Oriental 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 injured worker is a 42 year old male, who sustained an industrial injury on May 30, 2013. He reported right knee, right leg, and right foot injuries. The injured worker was diagnosed as having a right knee meniscal tear per MRI & arthrogram and status post right knee/leg contusion. Diagnostic studies to date have included MRI, x-rays, and arthrogram. The injured worker was treated with chiropractic therapy with electrical stimulation, ultrasound, massage, and neuromuscular re-education. Other treatment to date has included physical therapy, a functional capacity evaluation, electrical stimulation, and medications including oral pain, topical pain, and non-steroidal anti-inflammatory. On February 24, 2015, the injured worker complains of right knee that was unchanged from the prior visit. His pain was rated 7/10. The physical exam revealed grade 3 tenderness to palpation and grade 2 palpable spasms, which was decreased from 3 on the prior visit. There was restricted range of motion and a positive McMurray's test. The treating physician noted that the injured worker reported that chiropractic therapy was beneficial and decreased his pain and tenderness, and improved his function and activities of daily living. His work status is temporarily totally disabled. The treatment plan includes the continuation of chiropractic evaluation and treatment for 12 visits. Per a PR-2 dated 1/19/2015, the claimant states that chiropractic helps decrease his pain and tenderness. He also indicates that his function and activities of daily living have improved with chiropractic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Continue chiro evaluation and treatment 2 x 6 for 12 visits:** 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 and Manipulation Page(s): 58-60.

**Decision rationale:** According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 weeks may be necessary. The claimant did already have a chiropractic treatment in the past with no objective functional improvement documented. Also chiropractic is not recommended for the knee. Therefore further visits are not medically necessary.