

<b>Case Number:</b>	CM15-0099149		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Minnesota  
 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:

This is a 38 year old male with a July 12, 2012 date of injury. A progress note dated May 1, 2015 documents subjective findings (left knee injury; lower back pain extending to the right lower extremity, left knee, and right knee), objective findings (antalgic gait; well healed surgical incisions over the left knee; slight atrophy noted in the left quadriceps; mild tenderness to palpation of the medial joint margin; grinding/crepitation present with extension and flexion; positive anterior drawer test of the left knee; tenderness to palpation of the midline of the L4, L5 S1 and bilateral sacroiliac joint; decreased sensation of the left lower extremity; decreased range of motion of the lumbar spine), and current diagnoses (lumbar spine strain; dislocation of the left patella; left knee effusion; left knee strain; lumbar degenerative disc disease; right knee strain; chronic pain). Treatments to date have included left knee surgery, physical therapy, chiropractic treatment (good results), transcutaneous electrical nerve stimulator unit, use of a cane, and medications. The treating physician documented a plan of care that included chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care for the low back, 6 sessions:** 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 9792.20-9792.26 Page(s): 58 & 59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested additional Chiropractic care for the low back for 6 sessions (2 x per week for 3 weeks). The doctor has not documented objective functional improvement from prior care and therefore the requested treatment is not medically necessary.