

<b>Case Number:</b>	CM15-0000106		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 53-year-old female, with a reported date of injury of 01-06-2014. The diagnoses include right knee medial meniscal tear, rule out right knee internal derangement, and right knee sprain. Treatments and evaluation to date have included Tramadol. The diagnostic studies to date have included an MRI of the right knee on 02-04-2014 which showed small joint effusion. The progress report dated 11-18-2015 indicates that the injured worker complained of right knee pain with occasional buckling. The injured worker has been instructed to remain off work until the next appointment. The progress report dated 12-09-2014 indicates that the injured worker had no change in her right knee symptoms. It was noted that she had not been able to start physical therapy. The objective findings include positive McMurray test and pain with range of motion of the right knee. A right knee arthroscopy was discussed. The injured worker has been instructed to remain off work until the next appointment. The request for authorization was dated 12-10-2014. The treating physician requested twelve chiropractic manipulation sessions for the right knee, two times a week for six weeks. On 12-17-2014, Utilization Review (UR) non-certified the request for twelve chiropractic manipulation sessions for the right knee, two times a week for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) initial chiropractic manipulation for the right knee, 2 times per week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The medical necessity for the requested 12 chiropractic treatments for the right knee was not established. Manipulation for knee complaints is not supported by medical treatment utilization schedule chronic pain treatment guidelines. The claimant is also concurrently receiving physical therapy. There is nothing and the submitted documentation to suggest that the claimant is an outlier to the guidelines. Therefore, I recommend non-certification of the requested 12 chiropractic treatments for the right knee. Medical treatment utilization schedule guidelines, page 58: Manual therapy & manipulation. Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended.