

<b>Case Number:</b>	CM13-0010515		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	05/11/2013
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2013

### 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. The expert reviewer is Board Certified in Chiropractic, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 42 year old female who sustained an injury to her left ankle and foot on 5/11/2013 as a result of a luggage cart rolling over her left foot. The subjective complaint reported per the consulting physician's report are "constant throbbing +6/10 to +8/10 left foot pain radiating to the leg, calf and heel associated with increased activity, swelling, numbness, tingling and weakness. The pain is aggravated by daily activities. Nothing relieves the pain." Patient has been treated with medications, acupuncture, foot orthotics, foot brace, cold/hot therapy, home exercise program, and physical therapy. The diagnoses assigned by the treating physician are ankle sprain/strain. X-ray study of the left foot and ankle is within normal limits. Magnetic resonance imaging (MRI) study of the left foot and ankle revealed possibility of bone bruise but no other abnormalities detected. Primary Treating Physician is requesting for two sessions of chiropractic care to the left foot and ankle for twelve weeks (24 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC CARE (2) TIMES A WEEK FOR (12) WEEKS FOR THE LEFT FOOT AND ANKLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Manipulation Section

**Decision rationale:** Patient has suffered an injury to her left foot and ankle. She has been seen by a chiropractor for testing and measurement purposes but never treated with chiropractic care, per the records provided. Testing and monitoring reveal objective functional improvement data from treatments rendered other than chiropractic care. Therefore, it is not known if chiropractic care will be of any benefit. The chiropractic progress reports are vague and do not report any chiropractic treatments. Medical Treatment Utilization Schedule (MTUS) Official Disability Guidelines (ODG) Ankle and Foot Chapter states that manipulation is "not recommended." For ankle sprains, the same section suggests that "(if a decision is made to use this treatment despite the lack of evidence) Allow for fading treatment frequency (from up to 3 visits per week to 1 or less, plus active self-directed home therapy 9 visits over 8 weeks." The requested number of visits far exceeds this recommendation by Medical Treatment Utilization Schedule (MTUS). I find that the 24 chiropractic sessions to left ankle and foot is not medically necessary and appropriate.