

<b>Case Number:</b>	CM13-0013997		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice 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 physician 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:

This is a 53 year-old female with a 6/25/12 industrial injury claim. She has been diagnosed with suspected fracture lateral malleolus of the left ankle and severe sprain of the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Sessions 3 times a week for 2 weeks to the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Treatment and Manual Therapy & Manipulation Page(s): 30,58.

**Decision rationale:** The 7/31/13 podiatry report form [REDACTED], states the patient injured her left foot and ankle at work on 6/25/12. Treatment plan was for physical therapy. The request for chiropractic care appears in the 7/10/13 podiatry report, and was requested at 3 times a week for 2 weeks to improve ROM of both ankles and both rear foot areas. MTUS guidelines indicates manual therapy is "Not recommended" for the Ankle & Foot. The request for chiropractic care for the ankles and feet is not in accordance with MTUS guidelines.