

<b>Case Number:</b>	CM13-0047445		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Chiropractic and Acupuncture, 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 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:

Claimant is a 56 year old male who sustained a work related injury on 11/15/2012. His primary diagnoses are ankle sprain/strain, foot sprain/strain, radicular neuralgia and stress. The claimant has had physical therapy, oral medications, chiropractic, and bracing as prior treatments. According to a PR-2 dated 12/3/2013, the claimant has left ankle and foot pain. The chiropractor has documented an improvement of symptoms, ADLs, and function since his first visit of 12/11/2012. He has less work restrictions if a job were to become available. His original work restrictions were no lifting, pushing or pulling over 15-20 lbs, no walking standing over 20-30 minutes, and no climbing of ladders. His current work restriction is no lifting, pushing, or pulling over 50 pounds, no walking over 70 minutes, and no prolonged or repeated climbing of ladders. He has a home exercise plan in place. His standing/walking tolerance has increased from 20-30 minutes to 70-80 minutes. His ladder climbing has changed from not able to perform to intermittently. His lifting and carrying has changed from 20 to 50 pounds. He can kneel and squat now without difficulty which he had before. He has less difficulty with sleeping and activities of daily living. He is taking less medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 4 visits Left Ankle/Foot/Leg, 99214, 98940, 97014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Ankle Sprain.

**Decision rationale:** According to evidenced based guidelines, manual therapy is not recommended for the ankle and foot. If chiropractic is used on the foot, then the recommendation is 9 visits over 8 weeks along with active self directed home therapy. At the time of the prior denial, the employee had completed 10 sessions. The chiropractor did perform 2 more sessions without authorization and was able to make further functional gains with the employee. However, the employee had already received the denial and the recommended guidelines. Since the employee made functional gains, the 2 additional sessions could be retroactively considered medically necessary. However, 4 more sessions are not medically necessary.