

<b>Case Number:</b>	CM13-0050020		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 licensed 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:

According to the available medical records, this is a 42 year old female patient with chronic left ankle pain, date of injury 03/10/2009. Previous treatments include surgery (01/13/2011), orthotics insert, physical therapy, medications, chiropractic and work modifications. Progress report dated 09/10/2013 by [REDACTED] revealed post-operative left ankle joint pain, chronic pain syndrome, multiple muscle strains; motor power intact grossly nonfocal but limited by pain, left knee reflexes down in comparison to the rest of the reflexes, left ankle ROM is limited by pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care/visits remaining sessions 24:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** Reviewed of the available medical records provided for review suggested that this request is for chiropractic treatment of the hip, which is not documented in the patient work injury dated 03/10/2009. Whereas the California Chronic Pain Medical Treatment

Guidelines does not recommend chiropractic treatments for chronic ankle pain, the request for continue of chiropractic care is not medically necessary.