

<b>Case Number:</b>	CM13-0059911		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Care, 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:

The patient is a 60 year old male with a date of injury of 6/10/2010. The alleged injury occurred when the patient was running bases and injured his left 4th metatarsal. According to the notes provided for this review, the patient had an agreed medical exam (AME) in March 2012 where future medical was recommended for foot and ankle for physical therapy, acupuncture and chiropractic per MTUS. The patient has had left peroneal brevis repair on 9/10/2012 and 21 post-op therapy sessions according to records provided. The most recent progress report dated 12/26/2013, reports left open peroneal brevis tendon repair as of 9/10/2012 and tenosynovectomy 11/17/2013. A 12/26/2013 PR2 stated that the patient complained of left foot pain and stiffness. Objective findings were plantar fasciitis and heel pain. Diagnoses were left foot cuboid arthritis and left tenosynovitis. An 11/14/2013 progress report indicated a request for treatment of the left shoulder, cervical spine, right knee, and right hip. Objective findings were; swelling and pain in the left knee and decreased range of motion in the left hip. An MRI of the lumbar spine indicated degenerative findings, central canal and IVF stenosis from ligamentum flavum hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 TO 18 CHIROPRACTIC SESSIONS FOR THE LOWER BACK:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** There are no objective measures such as ranges of motion, orthopedic tests or lumbar diagnoses to support medical necessity for the request. Nor would there be an established baseline if treatment were initiated with chiropractic or physical therapy for the low back to mark progress or improvement. Beginning a regimen of physical therapy or chiropractic without baseline objective findings and subjective complaints, would be impossible to establish goals towards functional improvement. Therefore, the request for 18 chiropractic and physical therapy (PT) sessions is not medically necessary.