

<b>Case Number:</b>	CM13-0064437		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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:

The patient is a 56 year old male who was injured on 08/13/2011 while he was going to change a forklift battery when he smashed his right foot with the metal to change batteries against other metal. PR-2 dated 11/12/2013 documented the patient to have complaints of right foot pain and right ankle pain. Objective findings on exam revealed the patient walks on heels without pain. Walks on tiptoes with distal foot pain (slight) most pain (moderate) with walking. Range of motion of the right ankle is decreased with dorsiflexion/plantar flexion. Inversion 5% with lateral ankle and distal foot pain. Tender 2nd/3rd metatarsals (old fracture) anterior to lateral malleolus. Diagnosis: Ankle sprain/strain, foot strain/sprain. Per UR dated 11/26/2013 the patient received medications, physical therapy and orthotics. The patient was returned to work full duty without difficulties. The patient has since been laid off from his position. The patient was placed at P&S with recommendation for a FMA including PT 4-8 visits for flare ups and orthotic consultations. Doctor had recommended 6 chiropractic visits consisting of manipulation and soft tissue techniques.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CHIROPRACTIC MANIPULATION SOFT TISSUE MOBILIZATION 2 TIMES A WEEK FOR 3 WEEKS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** This request is for chiropractic manipulation 2x a week for 3 weeks to the right ankle and foot. Per CA MTUS guidelines, the chiropractic manipulation is not recommended for ankle and foot. As stated in the ACOEM guidelines page 369 "manipulation has not been shown to be effective in alleviating foot or ankle pain." Therefore, the request is not medically necessary.