

<b>Case Number:</b>	CM13-0072412		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine and Rehabilitation, 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:

This 58 year-old female sustained an injury on 5/22/12 while employed by [REDACTED]. Requests under consideration include MRI left ankle and Chiropractic 1 x 4 for left ankle. Diagnoses include rotator cuff syndrome and ankle sprain. MRI of left ankle on 5/17/13 showed synovial cyst, 3.2 mm chondral defect at lateral patellar dome with adjacent marrow edema, 3rd-5th intermetatarsal bursitis, and intertarsal osteoarthritis. Report of 12/9/13 from the provider noted patient with complaints of low back pain rated at 4/10 increased with walking. Exam showed decreased flexion and extension. Treatment plan included MRI of left ankle and chiropractic treatment for left ankle which were non-certified on 12/11/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LEFT ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

**Decision rationale:** This 58 year-old female sustained an injury on 5/22/12 while employed by [REDACTED]. Requests under consideration include MRI left ankle and Chiropractic 1 x 4 for left ankle. Diagnoses include rotator cuff syndrome and ankle sprain. MRI of left ankle on 5/17/13 showed synovial cyst, 3.2 mm chondral defect at lateral patellar dome with adjacent marrow edema, 3rd-5th intermetatarsal bursitis, and intertarsal osteoarthritis. Report of 12/9/13 from the provider noted patient with complaints of low back pain rated at 4/10 increased with walking. Exam showed decreased flexion and extension. Guidelines state MRI of the foot and ankle provides a more definitive visualization of the soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of cases can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or plan operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury and tendinopathy not demonstrated here. Submitted reports have not adequately demonstrated clear diagnosis with correlating clinical findings to support for guidelines criteria of repeating the imaging without clinical findings of limited range and no instability. There is no report of acute new injury or flare-up to repeat the MRI for chronic unchanged symptoms and findings. The MRI of the left ankle is not medically necessary and appropriate.

**CHIROPRACTIC 1 X 4 FOR LEFT ANKLE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** This 58 year-old female sustained an injury on 5/22/12 while employed by [REDACTED]. Requests under consideration include MRI left ankle and Chiropractic 1 x 4 for left ankle. Diagnoses include rotator cuff syndrome and ankle sprain. MRI of left ankle on 5/17/13 showed synovial cyst, 3.2 mm chondral defect at lateral patellar dome with adjacent marrow edema, 3rd-5th intermetatarsal bursitis, and intertarsal osteoarthritis. Report of 12/9/13 from the provider noted patient with complaints of low back pain rated at 4/10 increased with walking. Exam showed decreased flexion and extension. MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury; however, specifically, does not recommend chiropractic care for the foot and ankle. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Submitted reports have not documented how many sessions of chiropractic treatment have been rendered nor its functional benefit for the chronic pain complaints without report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The Chiropractic 1 x 4 for left ankle is not medically necessary and appropriate.

