

Case Number:	CM14-0001266		
Date Assigned:	01/22/2014	Date of Injury:	10/14/2013
Decision Date:	03/25/2014	UR Denial Date:	12/22/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational Medicine and is licensed to practice in Mississippi. 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:

This claimant has an ankle sprain after a fall from 20 feet 10/14/13, off of an ladder, resulting in a mildly displaced talar fracture on the left ankle and sprain on the right. He is requesting chiropractic treatment - 8 visits (twice per week for four weeks). He also has pain in the neck and low back. Back pain radiates to both lower extremities, to the level of the toes, with numbness and tingling. The goal of chiropractic care is to decrease pain and swelling, and improve motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Chiropractic manipulation treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: The request for chiropractic treatment is not clear, in terms of what body part is to be treated. At least one notice in the file indicates that it is being requested to treat ankle pain. Treatment of ankle injury does not include chiropractic manipulation per ACOEM treatment guidelines. Physical modalities include education, counseling and evaluation of home

exercise, as well as aerobic exercise. Chiropractic manipulation is not listed as a suggested treatment for ankle pain. Thereby, the request is denied.