

Case Number:	CM14-0025969		
Date Assigned:	06/13/2014	Date of Injury:	05/20/2013
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 43 year-old male who is reported to have sustained a right ankle sprain 05/20/13. He is reported to have injured his ankle as the result of stepping of a stool. The injured worker has undergone EMG/NCV which is reported as normal. MRI off the right ankle is reported as normal. On examination he is reported to have calcaneal tenderness and lower extremity sensory loss. A utilization review determination dated 01/29/14 non-certified a request for chiropractic treatment 1 x a week for 4 weeks for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE, (1) TIME PER WEEK FOR (4) WEEKS FOR THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 36-371.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Chapter, Manipulation.

Decision rationale: The request for request for chiropractic treatment 1 x a week for 4 weeks for the right ankle is not medically necessary. The submitted clinical records indicate that the injured

worker sustained a mild right ankle sprain. Imaging studies are normal. Both the Chronic Pain Medical Treatment Guidelines and ODG do not support chiropractic to treat ankle injuries. As such the medical necessity is not established for this request, therefore is not medically necessary.