

<b>Case Number:</b>	CM14-0026914		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Chiropractic Therapy 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 claimant is a 52-year-old female who was involved in a work injury on 11/7/2013 in which she injured her left ankle. The injury was described as the claimant "was coming down the stairs her left leg gave out lost her balance and twisted her left ankle." The claimant presented to the local hospital for an evaluation. On 11/18/2013 the claimant was evaluated by [REDACTED], at [REDACTED] for complaints of left ankle pain. The claimant was diagnosed with left ankle sprain/strain. The recommendation was for a course of 6 chiropractic treatments and QFCE, left ankle MRI, and orthopedic consultation. The requested 6 chiropractic treatments were denied by peer review. A left foot MRI dated 12/3/2013 revealed an oblique longitudinal fracture through the lateral 3rd of the medial cuneiform bone distally with a 1 mm distraction of the lateral fracture fragment. The Lisfranc ligament is attached to the fracture fragment and the ligament is partially torn from the 2nd metatarsal base but otherwise intact. The claimant followed up with the PA at [REDACTED] on 1/3/2014 resulting recommendations for a walking boot and acupuncture. On 2/5/2014 the PA reevaluated the claimant. The recommendation was for an orthopedic evaluation. On 2/14/2014 the claimant underwent an orthopedic evaluation with [REDACTED]. The claimant noted continued left foot/ankle pain. The claimant was diagnosed with foot fracture of the medial cuneiform with an element of a ligamentous sprain of the foot on top of old arthritic changes. The recommendation was for continued symptomatic treatment including Tylenol, ice, and comfortable footwear. The purpose of this review is to determine the medical necessity for the requested 6 chiropractic treatments for the left ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX (6) CHIROPRACTIC TREATMENT SESSIONS FOR THE LEFT ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines THERAPEUTIC.

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

**Decision rationale:** The medical necessity for the 6 chiropractic treatments for the left ankle was not established. This request was submitted on 11/18/2013, 11 days post injury. The claimant sustained a fracture of the cuneiform. Manipulation is contraindicated in instances of fracture. Moreover, California MTUS guidelines, page 58 indicates that manipulation is not recommended for ankle or foot conditions. Therefore, the medical necessity for the requested 6 chiropractic treatments was not established.