

<b>Case Number:</b>	CM14-0028595		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/24/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 44-year-old male with date of injury of 03/24/2011. The listed diagnoses per [REDACTED] dated 11/27/2013 are: 1. Ankle synovitis, left. 2. Ankle sprain, left. 3. Lateral ankle instability, left. 4. Peroneal tendon longitudinal split tear, left. 5. Status post meniscectomy, chondroplasty of the right knee from 01/31/2012. According to this report, the patient complains of right ankle pain. He has had no improvement of symptoms since his last visit. The objective findings show ankle joint range of motion is painful throughout, particularly with maximum dorsiflexion. Anterior drawer is positive today with some clicking noted and some anterior displacement of the talus. Talar tilt also appears to be positive today, as inversion is excessive when compared to the contralateral side. There is increased tenderness appreciated to the ATFL and CFL, where mild, localizing non-pitting edema is present. Tenderness remains to the deltoid ligament medially as well. Increased tenderness is present along the course of the peroneal tendons, particularly at the course distal below the fibula. There is mild, localized non-pitting edema present in the retromalleolar area. Muscle strength through the peroneal tendon group is 3/5. Mildly palpable osseous prominence remains to the dorsal aspect of the talar neck; however, is asymptomatic. Neurological exam shows a positive Tinel's signs for the tibial nerve of the right foot. Deep tendon reflexes are intact bilaterally. The patient has an antalgic gait favoring the left. The Utilization Review denied the request on 02/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient 34 initial post-operative chiropractic therapy visits for the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58,59.

**Decision rationale:** This patient presents with left ankle pain. The treater is requesting 34 postoperative chiropractic therapy visits for the left ankle. The MTUS Guidelines page 58 and 59 on manual therapy and manipulation recommends chiropractic treatment for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. An initial trial of 6 visits over 2 weeks is recommended and with the evidence of functional improvement up to 18 visits. This treatment is not recommended for the ankle or foot. The request is not medically necessary.