

<b>Case Number:</b>	CM14-0029183		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Licensed in Chiropractic 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:

According to the available medical records, this is a 47 year old male with chronic left ankle and heels, date of injury is 04/15/2013. Previous treatments include medications, physical therapy, chiropractic, heel cup, home exercises. Progress report dated 02/17/2014 by the treating doctor revealed patient with frequent moderate pain in the right sacroiliac region, pain increased with putting on his shoes and bending forward at the waist, he has 30% less pain with putting on issues and bending forward since initial treatment, frequent moderate left shoulder pain is increased with reaching overhead or behind his back, he feels 25% less pain when performing these activities, he cannot lay on his left shoulder due to pain, frequent moderate pain in the left calcaneus is increased with prolonged walking. Physical exam of the left ankle noted dorsiflexion decreased 10 degrees, +3 tenderness of the calcaneus. Diagnoses include sacroiliac sp/st, shoulder tendinitis, and plantar fasciitis. The patient remained off work. RFA form dated 02/19/2014 noted 10 chiropractic treatments requested for plantar fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 3 x 3, 1 x 1 (total of 10 visits): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)Ankle & Foot Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**Decision rationale:** The claimant presents with multiple body part injuries that include the left foot, heel and ankle. While chiropractic treatment for the foot and ankle is not recommended by CA MTUS guideline, the claimant has had chiropractic treatments from 01/20/2014 to 02/20/2014. There is no evidences of objective functional improvement for the left ankle and calcaneus. Based on the guideline cited above, the request for 10 Chiropractic Treatments for the Left Foot and Ankle is not medically necessary.