

<b>Case Number:</b>	CM14-0046053		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

The claimant is a 36-year-old male who was involved in a work related injury on 9/27/2010. The injury was described as the claimant had moved 3 boxes, each containing 5 pieces of tile when he felt a pinch in his lower back. No treatment was offered. The claimant then sought treatment with his personal physician. The claimant was then reportedly laid off from work. There was also an injury in December 2009 in which his foot was run over by a pallet jack. The claimant presented to [REDACTED] for an evaluation but no claim was filed at the time of the injury. According to the submitted documentation the 2 claims have been combined under 1 claim. The claimant is currently under the care of [REDACTED], for complaints of right ankle pain. On 2/24/2014 [REDACTED] reevaluated the claimant for complaints of right lower extremity pain at 7/10 on the visual analogue scale. The claimant was diagnosed with ankle/foot joint pain, ankle/foot arthropathy, and chronic pain syndrome. The recommendation was for psychotherapy 8 chiropractic and acupuncture treatments. On 3/10/2014 [REDACTED] submitted a request for 8 chiropractic and acupuncture treatments for the right foot/ankle. The requested chiropractic was denied by peer review on 3/24/2014. The rationale was that the specific type of treatment to be rendered by the chiropractor was not available. The requested acupuncture was modified to certify 6 treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care for the Right Foot and Ankle, 8 visits.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58.

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

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines, page 58, indicate that manipulation for ankle/foot complaints is not recommended. There was no rationale provided for performing manipulation to the claimant's ankle/foot. Therefore, the request for 8 treatments is not medically necessary.