

<b>Case Number:</b>	CM14-0048126		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	03/12/2014
<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 Board Certified in Chiropractor and Acupuncture 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 40 year old male who reported an injury on 10/07/2013 due to falling off a roof. The injured worker had a broken right tibia and fibula, fractured right heel and foot. The injured worker had complaints of frequent back pain right ankle and foot pain, left knee pain. Physical examination on 02/25/2014 revealed positive 3 spasm and tenderness to the bilateral paraspinal muscles from T1 to T9. Positive 3 spasm and tenderness to the bilateral lumbar paraspinal muscles from T12 to S1 and multidus. Lumbar range of motion was flexion to 30/60, extension was to 12/25, left bending was to 9/25, right bending was to 12/25, left rotation was to 20/30, right rotation was to 15/30. Kemp's test was positive bilaterally, straight leg raise was positive bilaterally. Yeoman's was positive bilaterally. Right and left patellar was decreased. Medications were not reported. Diagnoses were aftercare for surgery of the musculoskeletal system, fracture of right ankle, trimalleolar, lumbar disc displacement with myelopathy, sciatica, thoracic disc displacement without myelopathy, bilateral ankle sprain/strain, bursitis of the right knee, anxiety. The treatment plan was for chiropractic manj 3-4 regions. The rationale was submitted. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manj 3-4 regions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Manipulation Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for chiropractic manj 3-4 regions is not medically necessary. The report submitted dated 02/25/2014 noted chiropractic therapy for the ankle and knee. The California Medical Treatment Utilization Schedule states recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy and manipulation is not recommended for the ankle, foot, carpal tunnel, forearm, wrist, hand, knee. The request submitted for review states 3-4 regions. The request needs to be specific with location to be treated. Therefore, the request is not medically necessary.