

<b>Case Number:</b>	CM14-0066089		
<b>Date Assigned:</b>	05/30/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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, has a subspecialty in Pediatric Chiropractic, and is licensed to practice in California, Washington, and New Mexico. 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 38 year old female with an original date of injury of 2/22/13. The mechanism of injury occurred when the patient was rolling a condiment display and twisted her ankle. The diagnosis is left ankle sprain/strain. The patient was placed on modified work status as of 3/28/14. The disputed issue is a request for six additional chiropractic treatments for the right ankle, with sessions twice a week for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment twice a week for three weeks for the left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non- MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommend chiropractic care for chronic pain, in general. However, chiropractic manipulation of the ankle is not recommended. As such, the request is not medically necessary.