

<b>Case Number:</b>	CM14-0087092		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/02/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 patient is a 49 year old female who injured her left foot on 1/02/2013. The patient is status post-surgery for metatarsal non-union fracture repair. She has been using crutches for the past 90 days. Per the PTP's progress report the patient complains of "constant low back and left shoulder pain from prolonged crutch use." The patient has been treated with medications, home exercises, surgery, bracing, casting and physical therapy for her left foot injury. The Diagnosis assigned by the PTP is status post-surgery of left foot with non-union fracture at the base of the 2nd metatarsal. There are no diagnostic imaging studies of the shoulder or lower back. The PTP is requesting 3 chiropractic treatment sessions to the left shoulder and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment x 3 visits for low back and left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Manipulation Section

**Decision rationale:** This patient has suffered a fracture to her left foot. The patient has used crutches for ambulation for 3 months. Due to the excessive use of crutches she has developed left shoulder and low back pain. The patient has also injured her left shoulder and lower back in the process. The chiropractic care is not being requested to treat the fracture of the left foot, but it is being requested to address the lower back and left shoulder complaints. The MTUS ODG Shoulder and low Back Chapters recommend a trial of chiropractic care. The patient has not received any chiropractic care. The 3 sessions requested are within the MTUS recommendations. I find that the 3 chiropractic sessions requested to the lower back and left shoulder to be medically necessary and appropriate.