

<b>Case Number:</b>	CM14-0135236		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 51-year-old [REDACTED] beneficiary who has filed a claim for foot and ankle pain reportedly associated with an industrial injury of May 7, 2014. In a Utilization Review Report dated July 26, 2014, the claims administrator failed to approve a request for chiropractic manipulative therapy for the feet and ankle. The claims administrator referenced an RFA form received on July 17, 2014 in its determination. The applicant's attorney subsequently appealed. On July 2, 2014, the applicant consulted an orthopedic surgeon reporting ongoing complaints of foot and ankle pain reportedly attributed to an industrial contusion injury. The applicant was receiving chiropractic manipulative therapy; it was stated in one section of the note. Additional manipulative therapy and physical therapy were endorsed. In one section of the note, it was stated that the applicant was off work, on total temporary disability, while another section of the note stated that the applicant was working. Topical compounds, Relafen, Prilosec, tramadol, Methoderm cream, and ankle braces were endorsed in conjunction with the chiropractic manipulative therapy in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Care For Both Feet/Ankles; 2-3X6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

**Decision rationale:** No, the request for chiropractic manipulative therapy for the feet and ankles was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 14, page 369, manipulation has "not been shown to be effective" in alleviating foot or ankle pain. In this case, it appeared that the applicant has already received chiropractic manipulative therapy, despite the unfavorable ACOEM position on the article in question and has, moreover, failed to respond favorably to the same. Per a progress note dated July 2, 2014, the applicant was off work, on total temporary disability, despite having received earlier chiropractic manipulative treatment in unspecified amounts. The applicant remained dependent on a variety of medications, including Relafen, tramadol, topical agents, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier chiropractic manipulative therapy in unspecified amounts. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary.