

<b>Case Number:</b>	CM14-0195761		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Virginia. 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 32-year-old male who reported an injury on 07/05/2012. The mechanism of injury was not submitted for review. The injured worker has diagnosis of tarsal tunnel syndrome to the left, traumatic transmetatarsal amputation of the left foot, left tarsal tunnel syndrome, and left Achilles contracture. Past medical treatment consists of surgery, therapy, medication therapy, and the use of orthotics. On 10/02/2014, the injured worker underwent EMG/NCV which revealed significant electrophysiological evidence consistent with mild tibial nerve compromise at or about the ankle through the tarsal tunnel on the left involving predominantly myelin with no acute evidence of axonal disruption at the time. Both sensory and motor fibers were involved. On 10/21/2014, the injured worker complained of left foot pain. Physical examination revealed a positive Tinel's sign at the level of medial ankle. He had a slightly tight Achilles. It was documented that the injured worker was otherwise neurovascularly intact. There were 2 focal areas of tenderness, the primary area was under the medial aspect of the arch of the left foot at the level of the transmetatarsal amputation, and the second was over the course of the medial branch of the tibial nerve. Medical treatment plan is for the injured worker to undergo 6 sessions of chiropractic manipulation. The rationale Request for Authorization form 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:

**6 SESSIONS OF CHIROPRACTIC MANIPULATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation.

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

**Decision rationale:** The request for 6 sessions of chiropractic manipulation is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The progress note dated 10/21/2014 lacked pertinent objective findings on physical examination. Additionally, there was no indication of the patient having trialed and failed conservative care treatment. Furthermore, the request as submitted did not specify a location for the chiropractic therapy. Given the above, the injured worker was not within recommended guideline criteria. As such, the request is not medically necessary.