

<b>Case Number:</b>	CM15-0168216		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	04/27/2007
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: California

Certification(s)/Specialty: Chiropractic

### 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 58 year old, female who sustained a work related injury on 4-27-07. The diagnoses have included left ankle-foot contusion, crush injury of left foot, chronic metatarsalgia left foot and ankle, and anxiety-depression. She is currently being treated for left ankle and foot pain. Treatments in the past include medications of Norco and Duexis. There are no current treatments noted. Medications she is currently taking are not noted. In the PR-2 dated 7-27-15, the injured worker reports left ankle and foot pain. On physical exam, the physician observes through visual inspection that there is a deformity of the left big toe. She has muscle tenderness to left ankle and foot. She has decreased range of motion in left ankle. She has positive Inversion Stress test in left ankle-foot. She is not working. The treatment plan includes chiropractic-physio therapy. The Request for Authorization, dated 7-27-15, requests chiropractic treatments 2 x 6 to left ankle-foot. The Utilization Review, dated 8-17-15, non-certified the 12 chiropractic treatments due to guidelines not recommending chiropractic treatments for the knees, feet or ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve chiropractic treatments for the left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Manipulation.

**Decision rationale:** It is unclear from the records if the patient has received chiropractic care for her left knee injury in the past. The total number of chiropractic sessions provided to date are unknown if any and not specified in the records provided for review. With or without prior chiropractic The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Knee Chapter do not recommend manipulation for the knee. I find that the 12 chiropractic sessions requested to the left knee to not be medically necessary and appropriate.