

<b>Case Number:</b>	CM15-0214269		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Chiropractor

### 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 32 year old female who sustained an industrial injury on 06-12-2013. Medical records indicated the worker was treated for lower back pain, left knee pain, and left ankle pain. In the provider notes of 10-02-2015, the injured worker complains of pain that she rates as a 5 on a scale of 0-10. She characterized the pain as aching and shooting with radiation to the right leg and right foot. She has an abnormal gait, cramps, difficulty ambulating, joint stiffness, muscle spasms, pins and needles in the bilateral feet and weakness in the left leg. Standing and walking for a prolonged time aggravates the pain. Relieving factors include exercise, medication, and rest. The current medication regimen adequately manages her pain. Her medications include Lidopro ointment, Senna Laxative, Tylenol extra strength, Naproxen sodium, Pantoprazole, Loratadine, Trazodone, and Brintellix. She has been experiencing depression and crying excessively for no reason. She does state the medications side effects include drowsiness and the medications are less effective. She shows no evidence of developing medication dependency. On exam, there is tenderness over the sacroiliac joint with multiple trigger points over the ilio-tibial band. Her right knee has no limitations in range of motion and no tenderness on palpation. The left knee has mild swelling and decreased range of motion with tenderness to palpation over the lateral joint line, medial joint line, and patella. The left ankle has painful range of motion plantar and dorsiflexion. On sensory exam, hyperesthesia is present over the L5, S1 dermatomes on the left side. She has involuntary movements of the left knee and calf. The worker relates she has less pain in the left ankle after chiropractic treatment. She reports improvement in her pain symptoms (without specification of which symptoms or how

much), and she has noticed increased range of motion as well as flexibility and muscle strength as a result of her chiropractic therapy. The treatment includes further chiropractic therapy for her left ankle, and left knee. A request for authorization was submitted for: Additional Chiropractic treatment; eight (8) visits, left ankle and left knee. A utilization review decision 10-15-2015 non-certified the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional Chiropractic treatment; eight (8) visits, left ankle and left knee:** Upheld

**Claims Administrator 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 and Leg Chapter, Ankle and Foot Chapter, Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic left knee, left ankle, and low back pain. Previous treatments include medications and chiropractic. Although evidences based MTUS guidelines do not recommend chiropractic treatments for the knee and ankle, the claimant has had chiropractic treatments previously. Total number of chiropractic visits completed is unclear. Based on the guidelines cited, the request for additional 8 chiropractic visits is not medically necessary.