

<b>Case Number:</b>	CM15-0042528		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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, Minnesota  
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 55-year-old female who sustained an industrial injury on 8/22/14. The injured worker reported symptoms in the left wrist, right ankle, back and lower extremities. The injured worker was diagnosed as having sprain of lumbar region, sprain of wrist, sprain of ankle and sprain of foot. Treatments to date have included status post excision of ganglion cyst, Electromyography/Nerve Conduction Velocity, and bracing. Currently, the injured worker complains of pain in the left wrist, right ankle, back and lower extremities. The plan of care was for chiropractic treatments and a follow up appointment later.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment 2 x 4 weeks for the Lumbar Spine, Left Wrist, and Right Ankle/Foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested Chiropractic treatment 2xs per week for 4 weeks for the lumbar spine, left wrist, and right ankle/foot. The requested treatment to the lumbar spine is not according to the above guidelines and therefore the treatment is not medically necessary. The above guidelines also state that manipulation to the wrist and ankle/foot is not recommended and therefore the treatment is not medically necessary.