

<b>Case Number:</b>	CM14-0138218		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Chiropractor, has a subspecialty in Acupuncture and is licensed to practice in Texas. 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 injured worker is a 33-year-old female who reported injury on 06/03/2014 reportedly while at work a forklift ran into a pallet of boxes and smashed her left foot. On 07/16/2014, it was documented that the injured worker had x-rays taken of her left foot that was negative. She was prescribed medication for pain and inflammation, and given a cane. The injured worker returned to work without restrictions. Conservative care was prescribed and she completed 2 sessions. The injured worker complained of constant, severe pain that was described as numbness and tingling. The pain was aggravated by walking and climbing stairs. Cervical spine: the injured worker complained of frequent, moderate to severe pain that was described as aching and dull. The pain was aggravated by walking. Lumbar spine: the injured worker had frequent, moderate to severe pain that was described as aching. The pain was made worse by walking and climbing stairs. Thoracic spine: the injured worker complained of frequency, moderate pain that was described as aching. The pain was increased with walking. Physical examination revealed there were a +3 spasm and tenderness to the bilateral paraspinal muscles from C2-7 and bilateral suboccipital muscles. Cervical range of motion: flexion was 40/55, extension was 45/45, left bending was 25/40, right bending was 35/55, left rotation was 50/80, and right rotation was 60/80, all painful. Cervical range of motion was measured by external goniometer or digital protractor. Distraction test was positive bilaterally. There was +3 spasm and tenderness to the bilateral paraspinal muscles from T8-12, positive 3+ spasm and tenderness to the bilateral paraspinal muscles from L1-S1, and multifidus. Ankle and foot examination: there was bruising on the medial aspect of her left foot. Flexion was 20/20, extension was 10/50, inversion was 10/20, and eversion was 10/10 on the left foot, all painful. Valgus test was positive on the left. Varus test was positive on the left. Diagnoses included left ankle sprain/strain, cervical

sprain/strain, thoracic sprain/strain, and lumbar sprain/strain. Request for Authorization dated 07/16/2014 was for chiropractic therapy to the cervical spine, thoracic spine, and lumbar spine.

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

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

**Six (6) Chiropractic Therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** The California MTUS Guidelines may support up to 18 visits of chiropractic sessions. Manual Therapy & Manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The documents submitted stated the injured worker had prior completed 2 sessions of conservative treatment, however outcome measurements. Additionally, the injury was to her left foot there was no indication she injured her back on 06/30/2014. In addition, the request failed to indicate location where the injured worker is requiring treatment. Given the above, the request for six (6) Chiropractic Therapy visits is not medically necessary and appropriate.