

<b>Case Number:</b>	CM15-0176633		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	11/29/2007
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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:

This is a 45 year old female with a date of injury of November 29, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for a left foot injury status post Lisfranc joint fusion. Medical records dated February 11, 2015 indicate that the injured worker stated that the foot was doing fairly well. Medical records date June 24, 2015 noted that the injured worker complained of a "Dramatic increase in her left foot pain as well as her right", and was having difficulties with activities of daily living and standing for more than a few minutes. A progress note dated July 22, 2015 indicates that the injured worker had no improvement in her pain. The physical exam dated February 11, 2015 reveals minor pain over the Lisfranc joint with palpation, and "minimal swelling if any." The progress note dated June 24, 2015 documented a physical examination that showed swelling and pain and a valgus deformity from the previous surgery. Treatment has included left foot fusion, orthotics, and anti-inflammatory medications (specifics not documented in the submitted records). The original utilization review (August 13, 2015) non-certified a request for seven sessions of chiropractic treatments for the left foot and ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chirotherapy x 7 sessions for the left foot/ankle: 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 rationale:** The claimant presented with chronic pain in the left foot. Previous treatments include medications, orthotics, and surgeries. The claimant currently experienced increase in pain and swelling of the left foot; current request is for 7 sessions of chiropractic treatments. Reviewed of evidence-based MTUS guidelines show chiropractic treatments for the foot and ankle is not recommended. Therefore, it is not medically necessary.