

<b>Case Number:</b>	CM15-0067725		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 46 year old male, who sustained an industrial injury on September 21, 2012. He reported a fall from a ladder, landing on his left side and hitting the left side of his head on the concrete, immediately noted symptoms his left hip, left knee, left ankle, left shoulder, left elbow, left wrist/hand, neck pain, back pain, and headaches, physical therapy, and medication. The injured worker was diagnosed as having cervical spine musculoligamentous sprain/strain with attendant bilateral upper extremity radiculitis, bilateral shoulder periscapular strain with impingement, bursitis, and tendinitis, bilateral elbow medial and lateral epicondylitis, bilateral forearm flexor and extensor tenosynovitis with bilateral wrist sprain with probable carpal tunnel syndrome, thoracolumbar spine musculoligamentous sprain/strain with left sacroiliac joint sprain, left knee sprain with resultant patellofemoral arthralgia, left ankle/foot strain with resultant plantar fasciitis, history and complaints of stress, depression, and anxiety stemming from chronic pain and physical limitation, abdominal pain and heartburn secondary to prescription medication, history of insomnia, and history of daily headaches. Treatment to date has included x-rays, MRI, ultrasound, chiropractic treatments, and medication. Currently, the injured worker complains of neck pain radiating to the upper extremities, bilateral shoulder pain, bilateral elbow pain, and bilateral forearm/wrist/hand pain with associated numbness and tingling, mid and low back pain, left knee pain, left ankle/foot pain, stress, depression and anxiety, insomnia, and daily headaches. The Treating Physician's report dated January 21, 2015, noted examination of the cervical spine revealed tenderness to palpation with slight to moderate spasm/muscle guarding over the paravertebral musculature and tenderness to palpation present

over the suboccipital triangles bilaterally. Tenderness to palpation with slight to moderate spasm/muscle guarding was noted over the upper trapezius muscles and periscapular regions with positive impingement and cross arm tests positive bilaterally. Examination of the left ankle/foot revealed slight calcaneal valgus deformity with associated hyperpronation of the medial and longitudinal arch, with tenderness to palpation present primarily over the anterior talofibular ligament as well as over the plantar fascia. The treatment plan was noted to include a request for authorization for chiropractic manipulative therapy in conjunction with physiotherapeutic modalities.

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

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

**Chiropractic services 2x4 (L-Ankle/8 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended Page(s): 58-59.

**Decision rationale:** The claimant presented with chronic pain in the neck, back, upper extremities, left knee, and left ankle. While evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 weeks for chronic low back pain, it does not recommend chiropractic treatment for the foot and ankle. Therefore, the request for 8 chiropractic treatments is not medically necessary.