

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/7/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: 13-068007
Date of UR Decision: 5/31/2013
Date of Injury: 2/28/2013
IMR Application Received: 6/11/2013
MAXIMUS Case Number: CM13-0000645

- 1) MAXIMUS Federal Services, Inc. has determined the request for six (6) chiropractic care visits with biofeedback, two (2) times per week for three (3) weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 6/11/2013 disputing the Utilization Review Denial dated 5/31/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for six (6) chiropractic care visits with biofeedback, two (2) times per week for three (3) weeks **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 31, 2013

“The records indicate the patient sustained an industrial injury on 2/28/13 involving the left ankle. The patient was reported to be walking near the forklift when the driver of the forklift set down the pallet striking the patient’s left ankle. On 3/12/13 the patient underwent an arthrotomy of the left ankle with irrigation, open reduction, internal fixation of the medial malleolar interarticular fracture by using AO Synthes small fragments. The patient also had twelve sessions of postoperative physical therapy approved for certification. On 4/24/13 a Doctor’s First Report, was submitted by Dr. [REDACTED], describing the patient having tenderness with walking while using crutches in the left superior portion of the left foot. Tenderness to palpation was also noted to the talar navicular junction with decreased range of motion in inversion of the left foot. Treatment was requested in the form of chiropractic care with biofeedback and acupuncture, two times a week for three weeks as well as an NCV/EMG study and a medical consult. The patient was placed on total temporary disability until 5/8/13.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 6/11/13)
- Utilization Review Determination from [REDACTED] (dated 5/31/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) **Regarding the request six (6) chiropractic care visits with biofeedback, two (2) times per week for three (3) weeks:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), which is not a part of (MTUS) and Chronic Pain Medical Treatment Guidelines (2009), Manual Therapy & Manipulation, pgs. 58-59, which is a part of the (MTUS).

The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 58: Manual Therapy & Manipulation for the chiropractic issue, and page 27 for the issue of biofeedback.

Rationale for the Decision:

The employee sustained a work-related injury on 02/28/13. The request is for six (6) chiropractic care visits with biofeedback, two (2) times per week for three (3) weeks.

The MTUS guidelines recommends against chiropractic care for the ankle/foot. The MTUS section on biofeedback states it is not recommended as a stand-alone treatment, but may be an option with a cognitive behavioral therapy program. The medical records provided for review contain no documentation regarding whether the employee participated in a cognitive behavioral therapy program. **The request for six (6) chiropractic care visits with biofeedback two (2) times per week for three (3) weeks is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.