

Case Number:	CM13-0014632		
Date Assigned:	10/07/2013	Date of Injury:	11/06/2011
Decision Date:	03/17/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 physician 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 patient is a 37-year-old injured worker with date of injury on 11/06/2011. The progress report dated 08/12/2013 by [REDACTED] indicates the patient's diagnoses include: Fracture of right ankle; Derangement foot/ankle on the right; Gait abnormality; Weight gain; Vertigo; and Low back pain. The patient had reported increased cramping in the right foot and reported that he was walking on the beach on August 10th, and his foot was so swollen he could not put a shoe on. Exam findings included pain with range of motion, walking and standing. There is tenderness and audible crepitus of the right ankle. The request was made for a follow-up with the patient's podiatrist, [REDACTED] and additional occupational therapy 6 sessions as well as 6 additional chiropractic sessions. The utilization review letter dated 08/14/2013 issued a certification for the podiatrist consultation and issued non-certification of the occupational therapy and chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY TIMES 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines page 98-99 regarding physical medicine allow for fading of treatment frequency plus active self-directed home physical medicine. The treating physician does not provide documentation to indicate the patient has had success with prior physical therapy treatments and does not discuss why the patient is unable to continue with a home exercise program. The provided reports show no therapy treatments for greater than a year. The request for occupational therapy six sessions is not medically necessary and appropriate.

CHIROPRACTIC TREATMENT TIMES 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines page 58 regarding manual therapy and manipulation recommended a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The records indicate that the patient has had prior chiropractic treatment in the past secondary to low back pain, which the patient apparently developed due to an antalgic gait. Regarding the ankle and foot, manual therapy and manipulation is not recommended. At the time of the request, the treating physician does not mention any symptoms of low back pain, and the chiropractic treatment for the ankle is not recommended by the guidelines noted above. The request for six sessions of chiropractic therapy is not medically necessary and appropriate.