

Case Number:	CM13-0026853		
Date Assigned:	11/22/2013	Date of Injury:	03/04/2002
Decision Date:	01/21/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 Board Certified in Chiropractic, 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 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:

According to the medical records provided for review, this is a 45 year old male patient with chronic right elbow and wrist, left ankle and foot pain. The patient has a date of injury of 03/04/2002. Previous treatments include surgery to the ankle, occupational therapy, and medications. There is no medical treatment report since 2004. The doctor's first report on 08/30/2013 by [REDACTED] revealed left ankle/foot pain and right elbow/forearm pain. An exam of the left ankle revealed a well-healed five cm vertical scar over the lateral malleolus, tenderness to palpation present over the lateral joint complex, anterior drawer test, inversion and eversion stress tests are negative, range of the left ankle is: flexion 30, extension 10, inversion 10 and eversion 5, sensation to pinprick and light touch revealed decreased sensation over the dorsal aspect of the left foot., grade 4/5 weakness of the left ankle in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Chiropractic Manipulation care for the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: MTUS Chronic Pain Guidelines do not recommend chiropractic manipulation for chronic ankle and foot pain. Therefore, the request for 8 sessions of chiropractic manipulation for the left ankle is not medically necessary and appropriate