

Case Number:	CM13-0030826		
Date Assigned:	11/27/2013	Date of Injury:	07/21/2011
Decision Date:	04/04/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

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 Podiatry 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:

The patient is a 38-year-old male who sustained an injury on 07/21/2011 while driving a forklift and hit a wall, crushing his foot between the forklift and the wall of products. The patient was evaluated on 08/12/2013 for complaints of pain to the left foot. The documentation noted the patient had previously participated in physical therapy for 6 sessions, which did not really help, and was given pain medication, which seemed to help a little. The left foot examination noted tenderness to palpation to the plantar and medial aspects of the heel, particularly at the plantar medial tubercle of the calcaneus, and mild tenderness noted to the Achilles tendon insertion of the calcaneus. The patient additionally had complaints of right knee pain. The treatment plan indicated chiropractic physiotherapy 2 sessions per week for 4 weeks as described.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF CHIROPRACTIC THERAPY FOR THE LEFT FOOT: 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.

Decision rationale: The request for CHIROPRACTIC THERAPY is non-certified. The California MTUS Guidelines recommend the use of manual therapy and manipulation for chronic pain if it is caused by musculoskeletal conditions. The guidelines further state manual therapy and manipulation is not recommended for the knee, ankle and foot. The documentation submitted for review indicated the patient was being seen for a foot injury as well as knee. Therefore, chiropractic therapy is not supported.