

Case Number:	CM13-0037666		
Date Assigned:	12/18/2013	Date of Injury:	02/21/2013
Decision Date:	03/10/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic Services, has a subspecialty in Chiropractic Sports 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 injured worker is a 38 year old male who injured his left ankle getting out of his truck while working on 02/21/2013. His initial symptoms were confined to left ankle pain. Later he stated he is experiencing low back pain, left hip, thigh, knee, ankle and foot. He was treated with conservative methods with physical therapy and medications. On 02/25/2013 the medical doctors initial work restrictions were crutches 100% of the time and sitting 90% of the time. On 10/24/2013 the chiropractic work restrictions were no repetitive over 20 lbs, no carrying over 20 lbs and no repetitive walking (no minutes specified). According to the medical report dated 03/25/2013, the lumbar spine MRI revealed straightening of the lumbar spine and the MRI of the left ankle revealed a small ankle joint effusion but no fracture or dislocation as well as early osteochondral lesions along the talar bone from early DJD. Left ankle MRI on 06/28/2013 revealed: Minimal plantar fasciitis, evidence of prior injury to the anterior talofibular ligament. No evidence of acute tear or sprain, DJD changes at the talonavicular joint. On 09/1/2013 the medical doctor described x-rays of the lumbar spine with the following results: Marked facet osteoarthritis at L4-L5 and L5-S1 especially with patient's age. There could be foraminal stenosis L5-S1. Prior treatment history is 6 session of physical therapy. On 10/7/2013 12 visits of chiropractic treatment was requested for the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Therapy/Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Ankle Foot/Chiropractic, ODG/Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Chronic Pain Medical treatment guidelines, manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of chiropractic manipulation 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. Manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks. However chiropractic manipulation is not recommended for the ankle or foot and therefore is not approved.