

Case Number:	CM13-0044772		
Date Assigned:	12/27/2013	Date of Injury:	08/11/2013
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/22/2013

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 General Preventative Medicine and Public Health, has a subspecialty in Occupational and Environmental Medicine and is licensed to practice in Hawaii, Iowa, and Illinois. 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 20 year old male claimant with a date of injury of 8/11/13. A doctor's first report of injury dated on 9/20/13 states that the patient had six carts run over his left foot. He notes pain at the dorsum and Achilles. [REDACTED] assessment of the patient's injury was foot contusion. The patient was scheduled for Physical Therapy 3 times a week for 2 weeks, prescribed Motrin 600 mg, and informed to use ice packs on 9/20/13. The most recent progress report available from Concentra for review is dated 10/05/2013. Subjective complaints at that time include: Burning, numbing, paraesthesias radiating toward distal part of left knee, left side low back pain radiating to left lower extremity above the knee with intermittent numbness of left thigh and buttock. Objective findings at that time include a diagnosis of: Acute left ankle contusion, lumbosacral radiculopathy, lumbar sprain/strain and left upper thoracic strain and the plan was to refer to Concentra physical therapy and utilize Naprosyn. The patient was seen by [REDACTED] on 10/14/13. [REDACTED] ordered two visits per week for four weeks for specific chiropractic adjustments, moist heat, electric muscle stimulation and soft tissue and joint mobilization. He also ordered a referral to pain management and a referral to an MPN for PT to the left ankle. [REDACTED] did not provide any updated physical therapy progress notes and offered no evidence based criteria to support chiropractic care of the left ankle. A utilization review decision was rendered on October 22, 2013 recommending non-certification for chiropractic visits and the request for 8 Physical Therapy visits was modified to all for 6 visits based on the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation for ankle complaints. Page(s): 58.

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

Decision rationale: The injured worker was initially treated for a foot contusion due to trauma and over time also developed an Achilles tendonitis and lumbar strain later in the treatment course. The treating physician provided no evidence based criteria to support chiropractic care of the left ankle. The MTUS Manual Therapy and Manipulation Guidelines do not recommended manual therapy & manipulation for the ankle and foot. The request for chiropractic care of the left ankle is denied based on MTUS guidelines.

Physical Therapy x 8 visits for the left ankle: Upheld

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

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

Decision rationale: The injured worker was initially treated for a foot contusion and continues to have left ankle pain which is verified with the documentation provided. The visit note from 9/20/13 shows that the patient was referred for 3 Physical Therapy (PT) visits a week for a 2 week duration and the follow up note on 9/23/13 shows that PT was not started. The next progress notes on 10/5/13 states the patient completed 3 visits and had minimal improvement. The treating physician requesting 8 physical therapy visits did not provide any documentation of completion of the 6 initial physical therapy visits. The MTUS guidelines "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less plus active self-directed home Physical Medicine)". The request for 8 therapy visits is denied based on the MTUS guidelines.