

Case Number:	CM13-0054096		
Date Assigned:	12/30/2013	Date of Injury:	05/24/2011
Decision Date:	03/25/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 expert reviewer is Licensed in Chiropractor 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 45 year old injured worker who sustained injury on 07/03/2012 while she was walking down a flight of stairs carrying a box of work, tripped and fell down almost the entire flight of stairs and injured her right foot/ankle. Prior treatment consisted of medications Advil, Phentermine 37.5 mg, Topiramate 24 mg, Gabapentin 100 mg, Lidocaine 5% topical cream, Neurontin, and Flector 1.3% Transderm patch. The patient was going to a foot specialist and was instructed on the importance of support shoes. Patient had right foot tarsal tunnel release on 02/08/2013. Patient was given Lyrica and Prednisone for pain management. The patient was injected in the right ankle. The patient had physical therapy from 03/28/2013 - 04/25/2013 and another course from 12/13/2012 - 08/27/2012. X-rays of the right ankle dated 07/05/2012 revealed no obvious fracture, dislocation or bony pathology. The patient had a negative electrodiagnostic study in 09/2012. On 07/18/2012 an MRI scan revealed multiple findings including a disruption of the deltoid ligament, high grade sprain of the ATF ligament, impaction contusional injuries involving the hind foot, a possible small non-displaced fracture of the anterior process of the calcaneus along with chronic Achilles tendinosis. An EMG/NCV dated 06/19/2013 showed normal findings. A clinic note dated 08/14/2013 showed patient reported pain in the right ankle shooting up to calf. Location of pain was at the right ankle and patient described the pain as aching, numb, radiating, shooting and tingling. There was some mild tenderness over the lower lumbar area. There was tenderness over the right inner ankle and arch. Treatment plan included chiropractic therapy to work on myofascial release and loosen the tendon of the foot to try to reduce pain, 1-2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the chiropractic manipulation is not recommended for ankle and foot. The request for chiropractic manipulation twice a week for six weeks is not medically necessary and appropriate.