

Case Number:	CM13-0061560		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2013
Decision Date:	04/01/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/05/2013

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 Board Certified in Chiropractic, and is licensed to practice in Texas. 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 45-year-old male who reported an injury on 09/20/2013 after a trip and fall. The patient reportedly injured his left ankle. The patient was initially treated with physical therapy, immobilization, and a non-steroidal anti-inflammatory drug. The patient's most recent clinical documentation noted that the patient had continued pain complaints of the left ankle rated at an 8/10. Physical findings included tenderness to palpation over the left fibular styloid and 4th and 5th metatarsal bones with normal range of motion, strength, and sensation of the left ankle. The patient's diagnosis included a sprain of the foot. The patient's treatment plan included chiropractic and physiotherapy with continued use of a brace and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/physiotherapy three times a week for three weeks, then twice a week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation and Management of Common Health Problems and Functional Recovery in Workers Chapter (ACOEM Practice Guidelines, 2nd Edition (2004)) pg. 369.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Medicine and Manual Therapy and Manipulation Page(s): 98-99;58.

Decision rationale: The requested chiropractic/physiotherapy 3 times a week for 3 weeks, then twice a week for 3 weeks is not medically necessary or appropriate. The MTUS guidelines do not recommend chiropractic care for the ankle. Additionally, the requested physiotherapy would not be supported. The MTUS guidelines recommend physical therapy be based on documentation of functional benefit. The clinical documentation submitted for review does indicate that the employee was previously prescribed 6 visits of physical therapy. The efficacy of this therapy was not documented. Therefore, continued treatment of this modality is not supported. As such, the requested chiropractic/physiotherapy 3 times a week for 3 weeks, then twice a week for 3 weeks is not medically necessary or appropriate.