

Case Number:	CM13-0062687		
Date Assigned:	12/30/2013	Date of Injury:	02/20/2013
Decision Date:	04/16/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation, 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 36-year-old female who reported injury on 02/20/2013. The mechanism of injury was noted to be the patient sustained a right foot contusion when she dropped a wooden mannequin platform on her foot while moving it. The patient's diagnoses are noted to be possible third interspace neuroma on the right and right ankle arthralgia. The patient indicated that their ankle remained stiff and the patient had shooting pain that woke her up at night. The patient had increased tenderness with direct pressure and palpation to the third interspace and it appeared to be proximal to the metatarsal head of 3 and 4. The patient had increased tenderness to palpation in the anterolateral aspect of the right ankle at the ATFL. Range of motion was mildly guarded. The treatment plan was noted to include acupuncture, additional chiropractic/physiotherapy for the right ankle at 2 sessions per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF CHIROPRACTIC PHYSIOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PHYSICAL THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58-59.

Decision rationale: California MTUS Guidelines indicate that manual therapy is not recommended for the ankle and foot. There was documentation indicating the patient had prior chiropractic treatment for the foot and there was lack of documentation indicating functional benefit that was received from the prior chiropractic care. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the body part the chiropractic physiotherapy was requested for. Given the above, the request for 8 sessions of chiropractic physiotherapy is not medically necessary.