MAXIMUS Federal Services

Case Number:	CM13-0063239		
Date Assigned:	12/30/2013	Date of Injury:	04/10/2012
Decision Date:	10/08/2014	UR Denial Date:	12/03/2013
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 Licensed in Chiropractic, 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 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 injured worker is a 40-year-old male who was reported injured on 04/10/2012, while employed as a driver, the patient was standing on the work vehicle and slipped on the battery cover, causing him to fall backwards to the ground about 6-8 feet to the cement. He landed on both feet and his legs gave way causing him to fall backwards onto his elbows and back. In podiatric consultation on 07/09/2013, the patient informed the provider he had presented at the surgery center that morning for spinal decompression and prior to coming into the surgery center; he had stepped off the curb and severely rolled his left ankle. X-rays revealed no evidence of acute fracture or dislocation and the patient was diagnosed with acute ankle sprain. The podiatrist requested ankle brace, left ankle x-rays and follow-up in two weeks. The patient underwent podiatric consultation on 08/02/2013. By examination, left ankle joint range of motion was painful throughout; specifically, at maximum dorsiflexion and plantar flexion; no crepitus noted, could not perform anterior drawer or Talar tilt test due to pain, ATFL and CFL very tender to palpation and significant localized non-pitting edema about the ATFL and distal fibula, and ecchymosis seems to have improved. The patient was diagnosed with left ankle sprain, possible ATFL/CFL rupture. An ACE bandage was dispensed in the patient was encouraged to increase his activity level, and return for follow-up in approximately 4 weeks. The patient presented for initial chiropractic consultation on 12/03/2013. The patient reported neck, low back and left ankle pain of 6/10 intensity. Ankle examination revealed tenderness to palpation along the lateral left ankle, severely/moderately restricted range of motion in left ankle in all planes of motion with mild pain felt at end range, motor strength for his lower extremities were unable to be performed due to severe pain, and positive findings for drawer test. The ankle was diagnosed left ankle sprain. The chiropractor recommended the patient began a trial of chiropractic treatment at a frequency of 2 times per week for 4 weeks to the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 prospective chiropractic sessions for the left ankle 2x a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation58-59.

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

Decision rationale: The request for chiropractic treatment to the left ankle at a frequency of 2 times per week for 4 weeks (8 visits total) is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) does not support manual therapy and manipulation in the treatment of ankle conditions. MTUS reports the use of manual therapy and manipulation in treatment of the ankle and foot is not recommended; therefore, the request for chiropractic care in the treatment of ankle complaints is not supported to be medically necessary.