

Case Number:	CM13-0066193		
Date Assigned:	01/03/2014	Date of Injury:	08/01/2008
Decision Date:	03/27/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/16/2013

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 patient is a 40 year old female who was injured on 08/01/2008 while picking up a box weighting approximately 30 pounds with pressure to the left ankle. She began to feel an increasing pain. She sustained an injury to her lower back and left ankle. Prior treatment history has included x-rays and a cortisone shot. Medications included: 05/22/2013 Tizanidine HCL 05/22/2013 diclofenac 05/22/2013 Medrox patches 05/22/2013 naproxen 05/22/2013 omeprazole Diagnostic studies reviewed include MRI of left foot performed 11/02/2012 revealed capsular thickening of the 1st metatarsophalangeal joint which may represent arthritis and bunion formation and no other abnormalities noted. MRI of left ankle performed 11/02/2012 revealed widening of the plantar tendon with increased signal of the plantar fascia near the insertion of the heel which may represent plantar fasciitis. No other abnormalities noted. 09/11/2012 exam revealed whole person impairment at 5%, asymmetric loss of range of motion and nonverifiable radicular complaints, defined as complaints of radicular pain without objective findings. PR-2 note dated 10/31/2013 documented the patient to have complaints of Lumbosacral pain, constant moderate to severe, radiating to right lower. Extension with numbness and tingling. Left foot/ankle pain moderate to severe and left knee pain. Objective findings on exam included left foot had no change. Walked on cane; decreased range of motion left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Eighteen (18) Chiropractic and Physical Therapy (PT) Sessions for Lower Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 's (Occupational Medicine Practice Guidelines, page 108 and ODG (Chiropractic Treatment and Physical Therapy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and Manipulation Page(s): 58-59.

Decision rationale: As per the CA MTUS guidelines, chiropractic care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The provider was granted 6 Chiropractic treatments on 10/2/2013. As per the CA MTUS (California Medical Treatment Utilization Schedule) guidelines, additional treatments may be useful when documentation supports the benefits derived by the patient for such treatment. However, in this case there is no documentation in the records that demonstrated objective, or functional improvement or that she benefited from her initial trial of 6 visits in any way. Therefore, as required per the CA MTUS guidelines, the request for additional Eighteen (18) Chiropractic and Physical Therapy (PT) Sessions for Lower Back is not medically necessary and appropriate.