

Case Number:	CM13-0066411		
Date Assigned:	05/21/2014	Date of Injury:	09/20/2006
Decision Date:	07/23/2014	UR Denial Date:	11/27/2013
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 Board Certified in Chiropractic Medicine, 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:

According to the available medical records, this is a 52-year-old patient with chronic right ankle, right knee and low back pain, date of injury September 20, 2006. Previous treatments include chiropractic, medications, ankle injections, AFO brace, physical therapy and TENS (transcutaneous electrical nerve stimulation) unit. Progress report dated October 31, 2013 by the treating doctor revealed bothersome right ankle pain, increased pain and swelling around the ankle. Right knee and low back pain relatively stable. Exam noted tenderness along the anterolateral aspect of the right ankle, dorsiflexion at 75 degree, plantarflexion at 20 degrees. Patient is working fulltime.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT X 12; RFA 11-01-13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, Low Back Page(s): 58-59.

Decision rationale: CA MTUS guidelines do not recommend chiropractic therapy for ankle and knee pain. It does, on the other hand, recommended for flares-up of low back pain, one to two

visits every four to six months. Progress report dated September 30, 2013 noted that the patient had been approved for six sessions of chiropractic therapy. The records show that the patient had returned to work and his low back pain is stable. The request for twelve sessions of chiropractic treatment is not medically necessary or appropriate.

SODIUM HYALURONATE INJECTION 20MG/2ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Ankle>, <Hyaluronic acid injection.

Decision rationale: According to the ODG, Hyaluronic acid injections are not recommended, based on recent research in the ankle, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. Recent research show that, while intra-articular injections of hyaluronic acid are potentially useful to treat ankle osteoarthritis, their effectiveness has not been proven. Hyaluronic acid or hylan for the ankle is not recommended by the ODG. While CA MTUS guidelines do not address Sodium Hyaluronate injection for the ankle, ODG guidelines do not recommend it. The request for sodium hyaluronate injection 20mg/2ml is not medically necessary or appropriate.