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| Case Number: | CM13-0068659 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 06/18/2013 |
| Decision Date: | 05/27/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 12/20/2013 |

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 35 year old male who injured his upper back, feet and lower back on 6/18/2013 as a result of a slip and fall incident. The patient suffered a calcaneal fractures bilaterally. Chief complaints per the specialty physician's report constant right, left foot and lower back pain. Patient has been treated with medications, physical therapy, orthotics, bracing and chiropractic care. Diagnoses assigned by the treating chiropractor are lumbosacral sprain/strain, thoracic sprain/strain and fracture of calcaneus. CT scan of the left heel has revealed fracture with arthritic changes. MRI of lumbar spine has shown a 1.5 mm disc bulge at L4-5 and L5-S1 3 listhesis with bilateral foraminal narrowing. The PTP is requesting 6 additional chiropractic care sessions to the upper back, low back and bilateral heels.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX ADDITIONAL SESSIONS OF CHIROPRACTIC PHYSICAL THERAPY FOR THE UPPER AND LOW BACK AND BILATERAL HEELS: 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), Upper Neck And

Upper Back, Low Back and Foot and Ankle Chapter, Manipulation Section; MTUS Definition, page 1.

Decision rationale: Per the review material provided, 8 sessions of chiropractic care have been rendered to this patient in the past. Records of prior chiropractic exist but they do not show objective functional improvement with the chiropractic care rendered. There are no records that document objective functional improvement to substantiate additional chiropractic care per MTUS definitions. MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS), pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." ODG Neck, Upper Back and Low Back Chapters recommend additional chiropractic care with evidence of objective functional improvement. ODG Chapter on foot and ankle do not recommend chiropractic care, however it does state that with objective improvement care may be allowed. In this case, the records provided do not show objective functional improvements with ongoing chiropractic treatments rendered. The request for 6 chiropractic sessions to the upper back, lower back and bilateral heels to not be medically necessary and appropriate.