MAXIMUS Federal Services

Case Number:	CM13-0071638		
Date Assigned:	01/17/2014	Date of Injury:	09/13/2013
Decision Date:	06/25/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/30/2013

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 23-year-old male who was injured on 9/13/13 in an industrial accident where his left foot was caught between two (2) machine parts resulting in a crushing injury. The subsequent pulling of his leg to release from the machine parts resulted in injury to his leg, low back and the nerves affecting the areas. In the First Report of Injury dated 9/16/13, the medical doctor diagnosed him with contusion of the left heel and did not diagnosis the low back or leg injuries. The injured worker was given medication and instructions to ice, with a modified work duty. On 10/2/13, the injured worker complained of heel pain that was aggravated by prolonged standing. The medical doctor requested physical therapy and orthopedic consult. On 10/8/13, another medical doctor stated that the injured worker still complains of left heel pain, which extends up the leg to the buttocks and low back area. The medical doctor referred the injured work for chiropractic treatment. On 11/4/13, an Initial Orthopedic consult was completed. The injured worker still complains of pain all the way from his left heel migrating up to his back. The injured worker still has bruising in the left heel and the pain is worse in this area. The exam revealed pain in the left heel upon palpation which radiated up the leg to the back. When the doctor palpated and pushed on the low back there was radiating pain down the leg to the heel. In this report the orthopedist stated he could not find a correlation between the subjective finding and the objective finding for the injured workers pain. The injured worker was placed on modified work duties. On 11/11/13, another First Report of Injury was completed by a medical doctor who diagnosed a crush injury of the left heel. He requested physical therapy three (3) times a week for three (3) weeks. On 12/2/13, a First Report of Injury was completed by the Chiropractor. His diagnosis was sprain strain of the left ankle and mechanical low back pain and radiculitis. The injured worker was placed on modified work duties. The requested treatment was nine (9) visits over eight (8) weeks. On 12/9/13, a progress report (PR-2) chiropractic report

was completed with the same information and request as on the 12/2/13 First Report of Injury. On 12/13/13, the PR-2 chiropractic report stated there has been no response to the previous two (2) requests for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

NINE (9) CHIROPRACTIC PHYSIOTHERAPY VISITS TO INCLUDE JOINT MANIPULATION, EXERCISES, INTERFERENTIAL AND INFRARED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION; AND PHYSICAL MEDICINE Page(s): 58-6.

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

Decision rationale: The Chronic Pain Guidelines indicate that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manipulation for the low back is recommended as an option for a trial of six (6) visits over two (2) weeks; with evidence of objective functional improvement, total up to eighteen (18) visits over six to eight (6 to 8) weeks. The nine (9) visits of low back chiropractic manipulation for this injured worker are not medically necessary. The guidelines recommend a trial of six (6) visits for two (2) weeks. The nine (9) visits prescribed exceed the recommendations of the MTUS.