

<b>Case Number:</b>	CM14-0002544		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for wrist and ankle pain reportedly associated with an industrial injury of August 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the wrist of October 17, 2013, reportedly negative for TFCC tear; ankle MRI imaging of October 10, 2013, apparently notable for an anterior talofibular ligament strain with associated calcaneal edema; an ankle brace; and work restrictions. In a Utilization Review Report of December 13, 2013, the claims administrator denied a request for chiropractic physiotherapy, a podiatry consultation, and a followup visit. The applicant's attorney subsequently appealed. An October 31st, 2013 progress note is notable for comments that the applicant reported persistent wrist and ankle pain. The ankle pain was exacerbated by any standing and walking while the wrist pain was worse with any lifting or carrying. The applicant exhibited a minimally antalgic gait and diminished grip strength, 4+/5, with palpable tenderness appreciated about the Achilles tendon. The applicant was asked to obtain chiropractic physiotherapy for the wrist, a podiatry consultation, and followup in six weeks. It was suggested that the applicant was off of work as the applicant's employer was apparently unable to accommodate his limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 SESSIONS OF CHIROPRACTIC PHYSIOTHERAPY OF THE RIGHT WRIST/HAND (2 X PER WEEK FOR 3 WEEKS) FOR STRENGTHENING AND CONDITIONING:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 11, page 265, manipulation has not been proven effective for applicants with pain in the hand, wrist, and/or forearm. In this case, the attending provider has not offered any applicant-specific rationale, narrative, or commentary so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not medically necessary and appropriate.

**PODIATRY CONSULT WITH SPECIALIST TO ADDRESS LEFT ANKLE/FOOT COMPLAINT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, INDEPENDENT MEDICAL EXAMINATIONS AND CONSULTATIONS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if the applicant has a potential cause of delayed recovery. In this case, the applicant's ankle strain seemingly failed to respond favorably to over two and a half months of conservative treatment as of the date of the request, October 31st, 2013. The applicant had failed to respond favorably to time, medication, bracing, and physical therapy. Obtaining the added expertise of a podiatrist to address the applicant's foot and ankle issues is therefore indicated. Accordingly, the request is medically necessary and appropriate.

**FOLLOW-UP VISIT IN SIX WEEKS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

**Decision rationale:** As noted in the ACOEM Guidelines in Chapter 14, page 372, the frequency of followup visits should be dictated by an applicant's work status. In this case, the applicant had seemingly failed to respond favorably to earlier treatment and does not appear to be working. More frequent followup visits are therefore indicated. Accordingly, the request is medically necessary and appropriate.