MAXIMUS Federal Services

Case Number:	CM14-0002927		
Date Assigned:	01/24/2014	Date of Injury:	02/20/2013
Decision Date:	06/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/08/2014

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 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 33-year-old female, born on 08/18/1980. She experienced a work-related injury on 02/20/2013 when she dropped a mannequin on her right foot while preparing a floor display. The examination report of 07/19/2013 notes the complaint of aching to the top and bottom of the right front with a diagnosis of contusion of the right foot and treatment with medications and the dispensing of a cold/hot pack. Right foot MRI of 07/30/2013 revealed degeneration of the lateral aspect of the plantar plate insertion into the second proximal phalanx, which may represent a developing tear. On 11/01/2013 she was seen in orthopedic consultation with right foot and ankle pain rated 6-9/10, she had been treating with chiropractic care, and she was tender to palpation over the lateral aspect of the foot, there was decreased ankle ROM, mild ankle swelling, and she was nontender over the Achilles. In the progress report of 11/12/2013, there was a request for additional chiropractic/physical therapy sessions at a frequency of two times per week for another four weeks. She began treating with acupuncture on 11/13/2013. On 12/02/2013, six sessions of chiropractic physiotherapy were certified to begin on 11/25/2013. The patient was seen in orthopedic follow-up on 12/06/2013 with right foot and ankle pain rated 4/10. The 12/06/2013 note reports she had been treating with chiropractic care, which she did not find helped her symptoms. Per 12/06/2013 examination she was tender to palpation at right lateral aspect of the foot, there was decreased range of motion, mild swelling throughout the ankle, and she was nontender over the Achilles, and she was diagnosed with right ankle arthralgia and possible right third interspace neuroma. A progress note dated 12/17/2013 reported physiotherapy and acupuncture were somewhat helpful in alleviating symptoms, however pain remained in the lateral portion of the right foot and ankle. Although she had been treating with chiropractic care prior to 11/01/2013, and additional chiropractic care had been requested on 11/12/2013, there was no chiropractic documentation provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF CHIROPRACTIC PHYSIOTHERAPY: 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 Manipulation & Manual Therapy Page(s): 58-59.

Decision rationale: The request for 8 sessions of chiropractic physiotherapy treatment sessions is not supported to be medically necessary. Although no chiropractic documentation was provided for this review, the submitted records report the patient has been treating with chiropractic care since prior to 11/01/2013, and was certified for six sessions of chiropractic care to begin 11/25/2013. MTUS (Chronic Pain Medical Treatment Guidelines), pages 58-59, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of some chronic pain complaints if caused by musculoskeletal conditions. With evidence of objective functional improvement with care during the 6-visit treatment trial, a total of up to 18 visits over 6-8 weeks may be considered. Elective/maintenance care is not medically necessary. Relative to recurrences/flare-ups, there is the need to evaluate prior treatment success, if RTW (return to work) then 1-2 visits every 4-6 months. MTUS does not support manual therapy and manipulation in the treatment of ankle and foot complaints. There was no documentation to provide evidence of objective functional improvement with chiropractic care rendered. Elective/maintenance care is not supported to be medically necessary. Therefore, the request for 8 chiropractic sessions is not supported to be medically necessary. Additionally, the request for 8 chiropractic treatment sessions exceeds MTUS guideline recommendations, whether it is relative to initial care or relative to care in response to a recurrence/flare-up; therefore, the request for 8 additional chiropractic treatment sessions is not supported to be medically necessary.