

Case Number:	CM14-0013842		
Date Assigned:	06/11/2014	Date of Injury:	04/13/2013
Decision Date:	07/31/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 Chiropractic and is licensed to practice in Texas. 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 44-year-old male who reported an injury on 04/13/2013 from a cut on the right foot from a glass falling out of the trash. The injured worker was taken to the hospital and had surgery on 04/14/2013 to repair the Achilles tendon. The injured worker received physical therapy for the right foot and ankle. Upon examination on 12/04/2013, it was noted that the injured worker's right ankle examination revealed mild swelling over the Achilles surgical region with mild discoloration. An assessment of the injured worker's range of motion demonstrated dorsiflexion was 8 degrees on the right and 15 degrees on the left; plantar flexion was 30 degrees on the right and 50 degrees on the left; inversion was 25 degrees on the right and 35 degrees on the left; and eversion was 10 degrees on the right and 20 degrees on the left. The injured worker continued to have functional limitations to the Achilles including an altered gait. Upon examination on 03/11/2014, the injured worker was seen for a follow-up in pain management evaluation. The injured worker continued to self-affirm reoccurring pain in his right ankle and foot with numbness, pain, and weakness, which caused him to walk with a limp and use a cane for support. The injured worker had exhausted conservative treatment and had not undergone additional therapy for the prior month. The medications used were ibuprofen and a topical cream, but the pain was still severe and the injured worker was having difficulty with prolonged standing and walking. The injured worker had diagnoses of status post traumatic Achilles tendon rupture, status post right Achilles tendon repair with persistent severe right ankle and foot pain, and lumbosacral sprain/strain secondary to chronic antalgic gait. The provider recommended physical therapy to strengthen the injured worker's core muscles. The request was made for a trial of chiropractic treatment 3 times per week times 4 weeks. The Request for Authorization form was not submitted within the documentation presented for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF CHIROPRACTIC TREATMENT 3X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page(s) 58-59 Page(s): 58-59.

Decision rationale: The request for a trial of chiropractic treatment 3 times per week times 4 weeks is non-certified. The injured worker had a past history of Achilles tendon repair and pain in the Achilles and foot. The California MTUS guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The guidelines do not recommend manual therapy and manipulation for the ankle and foot. There is insignificant documentation for which chiropractic care would be medically necessary. The submitted request does not indicate the site at which the requested therapy is to be performed. However, the injured worker is noted to have right foot and ankle pain. There is a lack of documentation to support the use of 12 visits of chiropractic care requested at this time. Additionally, the guidelines do not recommend the use of chiropractic care for the ankle and foot. As such, the request for a trial of chiropractic treatment 3 times per week times 4 weeks is not medically necessary.