

Case Number:	CM14-0016636		
Date Assigned:	06/11/2014	Date of Injury:	05/10/2010
Decision Date:	12/24/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 45 year old male who suffered a work related injury to the right ankle on 05/10/2010. The injured worker failed conservative treatment and underwent surgery on his ankle in 9/11 and again in 9/12 and is status post ankle fusion followed by surgical hardware removal in 2/13. He has also used an Osteogen bone growth stimulator. Diagnoses include pain in the right ankle, sprain of the right ankle, Achilles tendinitis of the right ankle, and osteochondropathy of the right ankle. The patient has been treated with surgery, medications, physical therapy and aqua therapy for the right ankle. The patient has developed a compensatory lower back pain as a result of gait disturbances associated with the right ankle injury. The PTP is requesting 9 sessions of chiropractic care to the lumbar spine. The carrier's UR department has modified the request and approved 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nine (9) Chiropractic Sessions to the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Manipulation Section

Decision rationale: The patient has suffered a right ankle injury and developed compensatory low back pain as a result of the gait disturbances associated with the right ankle injury. The MTUS ODG Chiropractic Guidelines Low Back Chapter recommends a trial of 6 sessions of chiropractic care over 2 weeks. The UR department has authorized those 6 sessions. I find that a trial of 9 chiropractic sessions to the low back to not be medically necessary and appropriate.