

Case Number:	CM14-0017118		
Date Assigned:	04/14/2014	Date of Injury:	10/19/2012
Decision Date:	05/13/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/11/2014

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:

According to the available medical records, this is a 57-year-old male patient with right leg fracture, date of injury 10/19/2012. Previous treatments include casted of the right leg, physical therapy, chiropractic, and medications. Progress report dated 12/10/2013 by the treating physician revealed patient is taking no medication, he is attending therapy and therapy is helping with better range. The patient is working. Pain varies 2-5 in intensity depending on activities level and cold weather. The patient reports right ankle tender, slight swelling of the right ankle, and right Achilles tightness due to cold weather. Right knee is okay. Left heel slight pain continues. Objective findings include right knee flexion at 125 degrees. The patient is to return to full duty on 12/10/2013 with no limitations or restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE CHIROPRACTIC 2 X 4 (RIGHT LOWER EXTREMITY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic Pain Page(s): 58-59.

Decision rationale: The MTUS guidelines recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For low back, therapy is recommended as an option. For therapeutic care, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. For elective/maintenance care, therapy is not medically necessary. For recurrences/flares-up, the provider needs to re-evaluate treatment success, if return to work (RTW) achieved then 1-2 visits every 4-6 months. For ankle and foot, therapy, carpal tunnel syndrome, forearm, wrist, & hand, and knee, therapy is not recommended. The treatment parameters from state guidelines included: a). Time to produce effect: 4 to 6 treatments, b) Frequency: 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition. The treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The CA MTUS guidelines do not recommend chiropractic manual therapy for the ankle and foot. Based on the guideline recommendation, the request for chiropractic therapy 2x4 to the right lower extremity is not medically necessary.