

Case Number:	CM14-0017369		
Date Assigned:	04/14/2014	Date of Injury:	12/10/2012
Decision Date:	06/30/2014	UR Denial Date:	02/10/2014
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 Orthopedic Surgery, 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 claimant is a 23-year-old who was injured on December 10, 2012. The records provided for review included a report of a follow up visit on January 16, 2014 documenting that the claimant had complaints of ankle pain and had recently attended a significant course of physical therapy. The report documented a stable ligamentous examination with pain on passive range of motion as well as dorsiflexion. There was also continued tenderness over the anterior talofibular ligament. The diagnoses were "status post left ankle instability repair and lumbar strain". According to records, the claimant's surgery occurred on October 10, 2013 and postoperatively, he completed twenty-four sessions of physical therapy. The recommendation was made for continuation of chiropractic care for six sessions, acupuncture to the left ankle for twelve additional sessions and physical therapy to the left ankle for twelve additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ON LEFT ANKLE 2 X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Ankle And Foot, Physical Therapy, Ankle/Foot Sprain

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Following surgical repair for an ankle strain, the Postsurgical Guidelines recommend thirty-four sessions over a sixteen week period. This individual has already undergone twenty-four sessions. The specific request for twelve additional sessions would exceed the Postsurgical Guidelines for an individual who has no documentation of functional deficits on examination. The request for physical therapy on the left ankle, twice weekly for six weeks, is not medically necessary or appropriate.

ACUPUNCTURE ON LEFT ANKLE 2 X 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Acupuncture Guidelines, Ankle And Foot

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of acupuncture for an optimal duration of treatment for one to two months with a timeframe to demonstrate functional improvement during three to six treatments. This individual is noted to have continued complaints of pain despite documentation of prior acupuncture having been utilized. The specific request for continuation of twelve sessions of acupuncture would exceed Chronic Pain Medical Treatment Guidelines. The request for acupuncture on the left ankle, twice weekly for six weeks, is not medically necessary or appropriate.

CHIROPRACTIC MANIPULATION, ONCE WEEKLY FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Chiropractic Guidelines, Ankle Sprain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: The Chronic Pain Guidelines recommend that functional benefit following chiropractic measures should be shown within four to six treatments. This individual has already undergone greater than six treatments of chiropractic care and has continued complaints of pain. The specific request for six additional sessions of chiropractic measures in this individual who has already undergone chiropractic care would not be supported by the guidelines. The request for chiropractic manipulation, once weekly for six weeks, is not medically necessary or appropriate.