

Case Number:	CM14-0110299		
Date Assigned:	08/01/2014	Date of Injury:	11/08/2012
Decision Date:	09/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 11/8/12. The patient's diagnoses include a left chronic ankle sprain, left peroneal longitudinal tear, and left flexor hallucis longus longitudinal split tear. On 5/7/14, the patient was seen in podiatry follow-up. The podiatrist reviewed an MRI from 5/3/14, which showed extensive tenosynovitis, particularly in the peroneus longus and peroneus brevis tendons. The treating physician recommended treatment to include exercise for strength, flexibility, endurance, coordination, and education. The podiatrist specifically recommended chiropractic rehabilitative therapy for the left ankle two times a week for four weeks. The patient additionally is status post lumbar interbody fusion at L4-5, L5-S1 on 3/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Chiropractic Physiotherapy, x 34 visits, left ankle.: 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 Manual therapy and manipulation Page(s): 58.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that manual therapy and manipulation to the ankle and foot is not recommended. The distinction

between chiropractic manipulation/manual therapy versus chiropractic physical therapy is unclear; if active exercise is desired, then it is unclear how this request would differ from a request for physical therapy without a specified type of provider. Moreover, the indication or rationale for an extremely extensive set of 34 visits is not apparent in the available medical records. Overall, this request is not supported by the medical records and guidelines. This request is not medically necessary.