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| Case Number: | CM14-0112184 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 12/11/2013 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 Family Practice and is licensed to practice in Mississippi and 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 31 year-old male who reported a work related injury on 12/11/2013 due to unloading a truck and feeling his ankle pop and give way. His diagnosis was a chronic ankle sprain. The past treatment included chiropractic care for an unrelated injury, physical therapy, a gel ice pack, an air cast, and medications. An x-ray of the left ankle revealed mild soft tissue swelling. It was noted that the injured worker had no surgical history to report. On the progress note dated 04/02/2014, there was very little documentation. The injured worker complained of ankle pain which he rated as a 1/10 on VAS pain scale. Objective findings consisted of a positive anterior/posterior drawers test as well as a positive medial/lateral test. The prescribed medications provided for review. The treatment plan was for chiropractic care 3 x 6 for the left ankle. The rationale and the request for authorization form were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3 x 6 for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS: Chronic Pain Guidelines; Manual therapy & manipulation.

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

Decision rationale: The request for Chiro 3 x 6 for the left ankle is not medically necessary. The California MTUS Guidelines state, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. 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. Within the documentation provided there is no evidence of significant functional deficits. Additionally, the guidelines state manual therapy for the ankle is not recommended. Therefore, the request for Chiro 3 x 6 for the left ankle is not medically necessary.