

Case Number:	CM14-0117198		
Date Assigned:	08/06/2014	Date of Injury:	09/16/2013
Decision Date:	09/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational Medicine 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 patient is a 45-year-old male who has submitted a claim for sprains/strains of unspecified site of knee and leg, pain in joint, lower leg, tear of lateral cartilage or meniscus of knee, contusion of knee and lower leg, ankle sprain, and other sprains and strains of ankle associated with an industrial injury date of 09/16/2013. Medical records from 01/22/2014 to 06/24/2014 were reviewed and showed that patient complained of pain in medial aspect of right knee and right ankle symptoms (not specified). Physical examination of the knee (01/22/2014) revealed antalgic gait, moderate + edema, decreased range of motion (ROM), and tenderness over infrapatellar region, patella-femoral joint line, and anterior joint line. Complete right ankle evaluation was not made available. Magnetic resonance imaging (MRI) of the right ankle dated 04/25/2014 revealed partial Achilles tendon tear, scarring of right talofibular and calcaneofibular ligament, strain of myotendinous junction of right flexor hallucis longus, and degenerative changes along right talonavicular and naviculocuneiform joint. Documents included for review included an X-ray of the ankle (laterality unknown) with calcification of the ligamentous areas around the medial and lateral malleoli with no signs of osteoarthritis (OA). Treatment to date has included right knee arthroscopic meniscectomy (01/22/2014), unspecified visits of physical therapy and chiropractic care, and pain medications. Utilization review dated 06/26/2014 denied the request for right knee and ankle continued chiro-physical rehabilitation because it is unclear if the patient was involved in an active home exercise program (HEP). Utilization review dated 06/26/2014 denied the request for "Continued Therapy" frequency/duration unspecified because the documentation did not establish medical necessity for continue therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

right knee/ankle continued chiro-physical rehabilitation qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 58, 99, Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation; Physical Medicine Page(s): 59-60; 98-99.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care 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. The recommended initial therapeutic care for low back is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is not recommended for other body parts other than low back. Regarding physical therapy, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient completed unspecified visits of chiropractic care and physical therapy. There was no documentation of functional outcome from previous physical therapy and chiropractic care. It is unclear as to whether the patient had functional improvement from chiropractic treatment to support continuation of chiropractic treatment. Furthermore, chiropractic treatment is not recommended for body parts other than the low back. There was also no discussion as to why the patient cannot self-transition into HEP. Therefore, the request for right knee/ankle continued chiro-physical rehabilitation qty 3 is not medically necessary.

continued therapy frequency / duration unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 58, 99, Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The dependent request, for right knee/ankle continued chiro-physical rehabilitation qty 3 was deemed not medically necessary. Therefore, the request for continued therapy frequency / duration unspecified is also not medically necessary.