

Case Number:	CM14-0125346		
Date Assigned:	08/11/2014	Date of Injury:	06/18/2013
Decision Date:	09/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 48 year old female patient with chronic left Achilles pain, date of injury 06/18/2013. Previous treatments include foot orthotics, pain medications, topical pain cream, aqua therapy home exercise program, braces and modified work duties. Progress report dated 07/18/2014 by the treating doctor revealed patient with pain in left achilles when not wearing CFO, the symptoms had worsened since the last visit, left side pain is moderate with a rating of 6/10. Exam noted ankle joint ROM is 10 degrees in dorsiflexion and 40 degrees in plantarflexion bilaterally, subtalar joint ROM is 15 degrees in inversion and 5 degrees in eversion bilaterally, metatarsal phalangeal joint ROM is full to both feet without limitations or restriction, tenderness to palpation of the Achilles tendon bilaterally but more on the right. Diagnoses include left Achilles tendinitis, left exostosis and left pain in limb. The patient remained on temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatments 3 times 4 to the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Manual Manipulation Therapies.

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

Decision rationale: The available medical records noted that the patient has been treated with medications, braces, orthotics and aqua therapy exercise for several months with no improvement in clinical outcomes. The current request is for chiropractic treatment 3x a week for 4 weeks. However, CA MTUS guidelines do not recommend chiropractic treatment for chronic ankle and foot pain. Therefore, it is not medically necessary.