

Case Number:	CM14-0139780		
Date Assigned:	09/08/2014	Date of Injury:	05/24/2004
Decision Date:	11/05/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in 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 54 year old male who reported an injury on 05/14/2004 due to cumulative trauma. The medical records were reviewed. His diagnosis is plantar fasciitis. His past treatments included corticosteroid injections, orthotics, 6 physical therapy visits, and an exercise program for out of zone ambulation. His past diagnostics included a radiograph and a MRI of the right foot with unspecified dates. Pertinent surgical history was not available. The injured worker had been taking ibuprofen and Tylenol for pain. On an exam dated 07/22/2014, the injured worker noted that his pain level was at 6/10 in the neck, and upper and lower back areas. On a physical examination dated 07/22/2014, the treating physician reiterated findings from a previous provider. There was no pertinent objective findings noted. The treatment plan was for chiropractic 1 time a week for 6 weeks for the bilateral feet. A rationale was not provided. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic once a week for six weeks for the Bilateral Feet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The request for chiropractic 1 time a week for 6 weeks for the bilateral feet is not medically necessary. The injured worker was noted to have plantar fasciitis on 05/2004 from cumulative trauma. The California MTUS Guidelines recommends that treatment be used for chronic pain if caused from musculoskeletal conditions for an initial 6 visits with a maximum of 18 visits with objective measurable gains in functional improvement that will assist in facilitating progression in a therapeutic exercise program and return to productive activities. However, the guidelines also state that it is not recommended for the foot or ankle. Based on provided documentation that noted the injured worker has completed 6 out of 12 physical therapy visits, unsupported documentation of increased functional gains and the guidelines stating manipulation and manual therapy is not recommended for the foot and ankle, this request is not supported. As such, the request is not medically necessary.