

Case Number:	CM14-0171310		
Date Assigned:	10/23/2014	Date of Injury:	09/17/2013
Decision Date:	11/25/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/16/2014

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:

This is a 38-year-old female with a 9/17/13 date of injury. The mechanism of injury occurred when she was walking down a driveway, fell to the ground, and twisted her right ankle. According to an orthopedic consultation report dated 9/15/14, the patient reported that she was not able to walk on the left ankle before surgery, and she is now able to walk on it with some difficulty. She was experiencing less pain on the right ankle and had less mobility. She had difficulty descending stairs due to the pain, standing, and walking. Objective findings: limited range of motion of right ankle, short step gait, normal motor power of right and left ankles, sensation intact to light touch and pinprick in lower extremities. Diagnostic impression: fracture of right ankle, left ankle medial malleolar fracture. Treatment to date: surgery, activity modification, physical therapy. A UR decision dated 10/14/14 denied the requests for chiropractic manipulation and laser therapy. Regarding chiropractic manipulation, guidelines do not recommend treatment for the ankle and foot. Regarding laser therapy, guidelines state that there is no clear benefit noted within the peer reviewed literature to indicate a specific benefit from this type of modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manipulation - Right Ankle, 2 times 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371, Chronic Pain Treatment Guidelines Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter - Manipulation

Decision rationale: CA MTUS concludes that manipulation has not been shown to be effective in alleviating foot or ankle pain. According to ODG, manipulation of the ankle or foot is not recommended. There is limited evidence from trials to support the use of manipulation for treating disorders of the ankle and foot, although it is commonly done and there is anecdotal evidence of its success. In general, it would not be advisable to use this beyond 2-3 weeks if signs of objective progress towards functional restoration are not clearly demonstrated. Guidelines do not support chiropractic treatment for the ankle. A specific rationale identifying why chiropractic manipulation would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Chiropractic Manipulation - Right Ankle, 2 times 4 was not medically necessary.

Laser therapy, 2 times 3 - right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 12th Edition (web), 2014, Ankle and Foot section, Laser therapy (LLLT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter - Laser therapy (LLLT)

Decision rationale: CA MTUS does not address this issue. According to ODG, laser therapy (LLLT) is not recommended. Low-intensity laser therapy appears to be wholly ineffective in the treatment of plantar fasciitis. There is little information available from trials to support the use of topical laser therapy in the treatment of acute or chronic Achilles tendinitis. Guidelines do not support the use of laser therapy for ankle complaints. A specific rationale identifying why this treatment modality would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Laser therapy, 2 times 3 - right ankle was not medically necessary.