

Case Number:	CM14-0179782		
Date Assigned:	11/04/2014	Date of Injury:	09/13/2014
Decision Date:	12/09/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 Emergency 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:

This is a patient with a reported date of injury of 9/13/2014. Mechanism of injury is from twisting of Right ankle. Diagnosis is ankle sprain and foot sprain. Medical reports reviewed. Last report from requesting provider was available until 9/15/14. Patient complains of Right ankle pain and swelling. Objective exam reveals limited range of motion, swelling and bruising of Right ankle/foot. Report claims positive X-ray from outside hospital showing a possible fracture of malleolus. An MRI was requested for "possible fracture". A note from worker's compensation clinic/physical therapy dated 10/29/14 recommended non-weight bearing, walking boot and ankle/foot exercises. The patient is reportedly getting physical therapy. X-ray of Right ankle (9/13/14) revealed vertical oriented liner lucency about the posterior malleolus with possible non-displaced posterior malleolus fracture not excluded. Many of the medications prescribed appear short term. Patient appears to be on naproxen, Motrin and intermittently on Norco. Independent Medical Review is for Chiropractic treatment 2-3times a week of R ankle/foot, Chiropractic- Electrical stimulation 2-3times a week of R ankle/foot, Chiropractic Myofascial release 2-3times a week of R ankle/foot and Chiropractic-massage 2-3times a week of R ankle/foot all for 6 weeks. Prior UR on 10/20/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial chiropractic treatment, 2-3 times a week, right ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines, 2nd edition: pages 106, 111 and 115

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

Decision rationale: As per MTUS Chronic pain guidelines, manipulation is only recommended for low back issues. It is not recommended for the ankle/foot. This request was done by chiropractor acutely only 2 days after an acute injury with a potential fracture. Performing chiropractic or any manipulation of a potential acute fracture or a sprain during acute injury phase is inappropriate. The request of 2-3 per week over 6weeks is also not appropriate. The provider needs to determine what is the appropriate number of sessions needed and not leave an open-ended number of sessions that range from 12-18 total requested. This request for chiropractic treatment of the ankle/foot is not medically necessary.

Initial chiropractic - electrical stimulation, 2-3 times a week, right ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines, 2nd edition: pages 106, 111 and 115.

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

Decision rationale: As per MTUS Chronic pain guidelines, chiropractic is only recommended for low back issues. It is not recommended for the ankle/foot. This request was done by chiropractor acutely only 2 days after an acute injury with a potential fracture. Performing chiropractic or any manipulation of a potential acute fracture or a sprain during acute injury phase is inappropriate. The request of 2-3 per week over 6weeks is also not appropriate. The provider needs to determine what is the appropriate number of sessions needed and not leave an open-ended number of sessions that range from 12-18 total requested. This request for chiropractic treatment with electrical stimulation of the ankle/foot is not medically necessary.

Initial chiropractic-myofascial release, 2-3 times a week, right ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines, 2nd edition: pages 106, 111 and 115.

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

Decision rationale: As per MTUS Chronic pain guidelines, chiropractic is only recommended for low back issues. It is not recommended for the ankle/foot. This request was done by chiropractor acutely only 2 days after an acute injury with a potential fracture. Performing chiropractic or any manipulation of a potential acute fracture or a sprain during acute injury phase is inappropriate. The request of 2-3 per week over 6weeks is also not appropriate. The provider needs to determine what is the appropriate number of sessions needed and not leave an open-ended number of sessions that range from 12-18 total requested. This request for chiropractic treatment with "Myofascial release" of the ankle/foot is not medically necessary.

Initial chiropractic-massage, 2-3 times a week, right ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines, 2nd edition: pages 106, 111 and 115.

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

Decision rationale: As per MTUS Chronic pain guidelines, chiropractic is only recommended for low back issues. It is not recommended for the ankle/foot. This request was done by chiropractor acutely only 2 days after an acute injury with a potential fracture. Performing chiropractic or any manipulation of a potential acute fracture or a sprain during acute injury phase is inappropriate. The request of 2-3 per week over 6weeks is also not appropriate. The provider needs to determine what is the appropriate number of sessions needed and not leave an open-ended number of sessions that range from 12-18 total requested. This request for chiropractic treatment with massage of the ankle/foot is not medically necessary.