MAXIMUS Federal Services

Case Number:	CM14-0029873		
Date Assigned:	06/20/2014	Date of Injury:	02/24/2013
Decision Date:	07/26/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 Pain Management 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 24 year old female who had work related injury on 02/24/13. The mechanism of injury is falling from a ladder. The injured worker experienced immediate onset of pain and swelling of her foot. The pain became worse over the past few months. The pain was worse with walking or prolonged standing activities. The most recent progress note dated 02/12/14 stated, that she was still complaining of right foot pain. An MRI of right foot on 01/27/14 was read as negative. The injured worker was started on PT anti-inflammatory medications. The physical examination of the right foot showed mild swelling in a dorsolateral mid foot. There was moderate well localized tenderness to palpation at mid third, fourth, and fifth metatarsal shafts of the right foot. Tandem walking, the injured worker had normal well-coordinated tandem gait. The diagnosis at this visit was pain in limb, complex regional pain syndrome. The injured worker also had cortisone injection of right third metatarsal space. There were no other notes discussing low back pain. The request was for chiropractic manipulation one to two regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Manj 1-2 Regions.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and ankle, manipulation.

Decision rationale: The request for Chiropractic Manj 1-2 Regions is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. The ODG does not recommend manipulation of the foot. Therefore medical necessity has not been established.