MAXIMUS Federal Services

Case Number:	CM14-0035487		
Date Assigned:	06/23/2014	Date of Injury:	05/26/2012
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational 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 49 year-old male who has reported ankle pain after falling on 5/02/12. He has been treated with a left ankle arthroscopy, physical therapy and chiropractic. He has completed 12 sessions of chiropractic. There is a reporting of slight increased walking tolerance. Work status has remained as temporarily totally disabled. On 1/9/14 and 3/8/14 the treating chiropractor noted slight improvement, and ongoing ankle pain. Signs of specific pathology were not documented. An ankle MRI, chiropractic treatment, and muscle testing were prescribed. Specific indications for the MRI and muscle testing were not discussed. Work status was temporarily totally disabled.An MRI dated 5/02/14 (performed after the Authorization Request and Utilization Review non-certification for this test) is reported to show no abnormalities; specifically no osteochondral lesion was seen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation and chiropractic treatment 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation.

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

Decision rationale: MTUS chronic pain guidelines are very specific regarding this issue; Manipulative/Manual therapy is not recommended for the foot or ankle. The treating chiropractor has not provided sufficient reasons to make an exception to this Guideline recommendation. There is no evidence of significant functional improvement from the chiropractic care provided to date. Work status remains "temporarily totally disabled", other functions have not improved substantially enough, and dependency on medical care has not diminished. The MTUS recommends against manipulative care for the ankle and it is not medically necessary.

Muscle testing biweekly: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 138. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, computerized muscle testing; Other Medical Treatment Guideline or Medical Evidence: http://www.acatoday.org/content_css.cfm?CID=1099.

Decision rationale: Functional measurements are recommended in MTUS Chronic pain guidelines, but these are generally included in routine evaluation. The treating physician has provided no specific reasons why "muscle testing" outside of routine examination and as a separate procedure is medically necessary. The American Chiropractic Association states that muscle testing and range of motion codes are mutually exclusive with CMT codes. The treating chiropractor has not provided evidence that results of any "muscle testing" will change the treatment plan. The Official Disability Guidelines citations above state: "Computerized muscle testing: Not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test." Given the guidelines and lack of specific indications provided by the treating chiropractor, the muscle testing is not medically necessary.

MRI (Magnetic resonance imaging) Foot/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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, 375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot, Magnetic Resonance Imaging.

Decision rationale: The MTUS provides a limited recommendation for MRI, noting that it may detect osteochondritis dissecans, ligament tear, tendinitis, and neuroma. The Official Disability Guidelines also has a list of possible indications, including instability. The treating chiropractor has not provided evidence of any specific and significant pathology in the ankle, and has not discussed the specific indications for the MRI in light of the guidelines. The MRI is therefore not medically necessary, as the guideline indications are not present.Incidentally, an MRI was performed on 5/02/14 which is after the initial chiropractic request for an MRI. This MRI was normal.