

Case Number:	CM14-0041421		
Date Assigned:	06/27/2014	Date of Injury:	05/20/2013
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 Chiropractor 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 43-year-old male who sustained injury on 05/20/2013 while he was stepping on a 4 foot high step and had to turn to step down to carry more boxes. As he was getting down he stepped on a brick and his foot slipped. He twisted his foot and felt an immediate crack and sharp pain in his right ankle/foot. Treatment history includes physical therapy, acupuncture, brace, medications. A progress report dated 12/18/2013 indicates that current complaints include right ankle pain, 6/10 and low back pain, 7/10. Objective findings include tenderness at lateral right ankle. End ROM pain. Tenderness to lumbar at L3-5 bilaterally with flexion at 45 with pain, extension at 10 degrees with pain. Positive right SLR at 90 degrees. Diagnosis was lumbar neuritis, right ankle sprain/strain, and myospasm. A progress report dated 1/13/2014 indicates subjective complaints include low back pain, 7/10. Objective findings include lumbar spine FROM. Positive paraspinal tenderness, SLR negative. Right ankle positive tenderness right lateral malleolus. Diagnoses was lumbar spine sprain/strain and right ankle sprain/strain. Recommendation was acupuncture 2x week for 4 weeks, chiropractic/physiotherapy 1 x week for 4 weeks, topical compound cream, pain management referral, orthopedic referral and UA test for toxicology. An UR dated 03/13/2014 indicates the request for chiropractic therapy for right ankle 1 x4 is non-certified since manipulation has not been shown to be effective in alleviating foot or ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy for right ankle 1x4: Upheld

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

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

Decision rationale: Per CA MTUS guidelines, this request for Chiropractic treatment to the Right Ankle on a 1x4 basis, does not meet the treatment recommendation guidelines as outlined/quoted below. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Therefore, the request for chiropractic treatments to the Right Ankle on a 1x4 basis is not medically necessary.