MAXIMUS Federal Services

Case Number:	CM14-0048493		
Date Assigned:	06/25/2014	Date of Injury:	10/14/2013
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56-year-old with an injury date on 10/14/13. Based on the 11/20/13 progress report provided by [redacted] the diagnoses are right knee internal derangement; right ankle and foot internal derangement; and lumbar spine strain. Exam on 2/14/14 showed "normal gait, normal heel-toe walk. There is no pain to palpation of lumbosacral spine area. Pain from posterior iliac crest on right all the way down lateral thigh to knee/foot. Foot: no swelling, heat, erythema, ecchymosis, abrasions. Feels strange sensation underneath ball of foot. Full range of motion of toes, ankle, knee, hip. Sensation intact." [redacted] is requesting an orthopedic consult, treatment, and chiropractic treatment for lower back pain for 10 sessions. The utilization review determination being challenged is dated 3/13/14. [redacted] is the requesting provider, and he provided treatment reports from 10/14/13 to 5/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic Consult And Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 194-195.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: This patient presents with ongoing pain in knee, ankle, and lower back with no surgical history. The treater has asked orthopedic consult and treatment on 11/20/13. On 10/8/13, treater stated possible old avulsion fracture of medial malleolus degenerative change of the foot per 12/18/13 report. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, patient's lumbar and lower extremity pain has improved significantly with conservative care. Treater does not mention planned surgeries or any other explanation in regards to necessity of orthopedic consultation. Recommendation is not for medical necessity.

Chiropractic Treatment For Low Back Pain Quantity :10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58, 59.

Decision rationale: This patient presents with ongoing pain in knee, ankle, and lower back with no surgical history. The treater has asked chiropractic treatment for lower back pain for 10 sessions on 11/20/13. The patient has received physical therapy with significant relief of musculoskeletal pain per 2/14/14 report, and has returned to work full-time. The reports do not appear to show any evidence of chiropractic treatments being done in the past. MTUS guidelines allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, patient has not yet undergone trial of 3-6 chiropractic sessions. The requested 10 chiropractic sessions exceeds MTUS guidelines as an initial trial is recommended. Recommendation is not for medical necessity.