

Case Number:	CM14-0050668		
Date Assigned:	07/07/2014	Date of Injury:	12/26/2013
Decision Date:	08/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/18/2014

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 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 injured worker is a 22-year-old female who reported an injury on 12/26/2013. The mechanism of injury was not provided. On 03/12/2014, the injured worker presented with left ankle pain and left lower back pain with radiation to the buttocks. Upon examination of the lumbar spine, there was tenderness to palpation with spasm over the left sacroiliac joint, paravertebral musculature and positive Patrick Faber's test to the left for increased sacroiliac joint pain. The left ankle/foot utilized a moon boot. Upon removal, there was moderate diffuse swelling over the dorsum of the ankle/foot and diffuse tenderness to palpation over the dorsum of the foot. Examination was limited due to pain and swelling, and range of motion of the left ankle was deferred. She used crutches and favored her left extremity with minimal weight-bearing. Diagnoses were left foot navicular fracture and lumbar spine musculoligamentous sprain/strain with left-sided sacroiliac joint secondary to altered gait and biomechanics. Prior treatment included medications. The provider recommended chiropractic treatment for the low back and left foot however, the rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3x 4 weeks , low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): ,298-301. Decision based on Non-MTUS Citation ODG -low back, Chiropractic guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for Chiropractic 3 x 4 weeks, low back is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progress in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of functional improvement for a total of up to 18 visits over 6 weeks to 8 weeks. The provider's request for chiropractic therapy 3 times a week for 4 weeks exceeds the guideline recommendation. As such, the request is not medically necessary.

Chiropractic 3x 4 weeks left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1039-1041. Decision based on Non-MTUS Citation ODG- ankle & Foot.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58.

Decision rationale: The request for Chiropractic 3x 4 weeks left foot is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progress in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of functional improvement for a total of up to 18 visits over 6 weeks to 8 weeks. The provider's request for chiropractic therapy 3 times a week for 4 weeks exceeds the guideline recommendation. As such, the request is not medically necessary.