

Case Number:	CM14-0055940		
Date Assigned:	07/09/2014	Date of Injury:	06/10/2013
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 Chiropractic 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 49-year-old male born on 05/15/1965. On 06/10/2012, the patient was loading a container with boxes weighing approximately 35-40 pounds, he and coworkers had filled about half of the container (about 2000 boxes already loaded) when he lifted one of the boxes and felt immediate sharp pain to the right upper extremity and upper back. He was unable to finish his work shift that day. The medical provider's PR-2 of 11/14/2013, recommends a treatment plan to include chiropractic at a frequency of 1 time per week for 4 weeks. The chiropractor's PR-2 of 01/15/2014, completed in somewhat difficult to decipher handwritten script, reports the patient presented with 8/10 cervical spine pain, 8/10 lumbosacral spine pain, 8/10 left ankle pain, and 9/10 bilateral wrist pain. Objectives are noted as decreased and painful cervical spine ROM in all directions, decreased and painful lumbosacral flexion, left hip flexors weak, + Lasegue's bilaterally for localized lumbosacral pain, + Nachlas, + Yeoman's, tenderness from cervical spine to lumbosacral spine, tenderness to bilateral wrist on palmar-dorsal side, + Phalen's bilaterally, and visible mass on inside of lower left leg. No measured objective factors were reported. Diagnoses were noted as cervical spine sprain/strain, lumbosacral disc, and bilateral carpal tunnel syndrome. The patient was to remain off work until 02/15/2014. The medical provider's PR-2 of 01/15/2014, recommends a treatment plan to include chiropractic at a frequency of 2 times per week for 4 weeks. The patient treated with his 5th acupuncture treatment session on 01/21/2014. The patient treated with physical therapy on 46 occasions from 09/23/2013 through 02/10/2014. There is a request for chiropractic care to the left ankle at a frequency of 2 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2xwk x 4wks on the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

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

Decision rationale: The request for chiropractic treatment to the left ankle at a frequency of 2 times per week for 4 weeks is not supported to be medically necessary. MTUS (Medical Treatment Utilization Guidelines) does not support manual therapy and manipulation in the treatment of ankle conditions. MTUS reports the use of manual therapy and manipulation in treatment of the ankle and foot is not recommended; therefore, the request for chiropractic care in the treatment of ankle complaints is not supported to be medically necessary.