

Case Number:	CM14-0059844		
Date Assigned:	07/09/2014	Date of Injury:	12/10/2012
Decision Date:	08/08/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/30/2014

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 licensed in Chiropractic Care 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:

According to the available medical records, this is 23 year old male patient with chronic left ankle pain and low back pain, date of injury 12/10/2012. Previous treatments include left ankle surgery, arthrotomy, injection, medications, physical therapy and home exercise. Progress report dated 03/04/2014 by the treating doctor revealed continued pain and stiffness in the left ankle and low back pain. Exam of the left ankle noted decreased range of motion (ROM), and weakness. Low back exam noted spasms, decreased ROM with pain, positive straight leg raise (SLR) on right, and decreased sensation on left lower extremity. Diagnoses include left ankle instability repair and lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 2 x 6 (left 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 Treatment /Ankle & Foot (Acute & Chronic).

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

Decision rationale: CA MTUS guidelines do not recommend chiropractic treatments for the foot and ankle. Therefore, the request for chiropractic 2 x 6 for the left ankle is not medically necessary.

Chiro 2 x 6 (lower back): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Low Back-Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: MTUS Guidelines recommend a trial of 6 chiropractic treatments over 2 weeks for chronic low back pain, with evidence of functional improvements. The request for 12 chiropractic visits, without evidences of functional improvements, exceed the guideline recommendations. Therefore, the request is not medically necessary.