

Case Number:	CM14-0074476		
Date Assigned:	07/16/2014	Date of Injury:	03/27/2013
Decision Date:	12/12/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopedic Surgeon, Fellowship Trained in Adult Reconstruction Surgery and is licensed to practice in Pennsylvania. 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 40-year-old female who reported an injury on 03/27/2013. The mechanism of injury was a trip and fall. Her relevant diagnoses included chronic right ankle sprain. Her past treatments have included 5 completed physical therapy sessions, surgery, medications, injections, home exercise program, ankle brace, TENS unit and chiropractic treatment. Diagnostic studies included a magnetic resonance imaging of the right ankle dated 02/06/2014 which revealed mild plantar fasciitis and early Baxter's neuropathy changes. Her surgical history included a right ankle arthroscopic surgery on 06/23/2014. At an examination on 09/19/2014 the patient complained of right ankle pain rated 3/10 to 4/10. Upon further examination of right ankle, the injured worker was noted to have limited plantar flexion by 10% and dorsiflexion with mild swelling, tenderness in the anterior right lateral malleolus with residual swelling which was an improvement from her previous visit. The treatment plan included additional chiropractic treatment. The rationale for the request was to relieve residual symptoms. A Request for Authorization dated 03/25/2014 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Chiropractic Physiotherapy; thirty-four (34) visits.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 7.

Decision rationale: The request for post operative chiropractic physiotherapy; thirty-four (34) visits is not medically necessary. The California MTUS Guidelines recommend up to 34 visits of postoperative physical therapy following surgery for ankle sprain, with continuing therapy dependant upon evidence of objective functional improvement after an initial trial. The injured worker had right ankle arthroscopic surgery on 06/23/2014. The 09/19/2014 note indicated 9 chiropractic visits had been approved to date and the injured worker had completed 5 at that time. The clinical note further indicated that upon initial evaluation of the the right ankle on 08/25/2014 range of motion was limited to 20% in plantar flexion and dorsiflexion with tenderness and swelling. The clinical note indicated objective functional improvement as examination of the right ankle on 09/19/25014 revealed range of motion limited to 10% in plantarflexion and dorsiflexion with mild swelling. Tenderness to the internal right lateral malleolus with residual swelling was also noted. The clinical documentation submitted for review does indicate current functional deficits and objective functional improvement from previous chiropractic treatment, additional visits would be appropriate; however since the documentation indicates 5 previous completed chiropractic sessions, the number of visits requested exceed the guidelines. As such, the request for post operative chiropractic physiotherapy; thirty-four (34) visits is not medically necessary.