

Case Number:	CM14-0075121		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2012
Decision Date:	12/12/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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 Internal Medicine and is licensed to practice in New York. 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 35 year old female children's social worker with a date of injury of 09/19/2012. While she was in a car in a parking lot there was a MVA with another car in the parking lot. She had neck and back pain. The diagnosis on the day of the injury was cervical strain and lumbar strain. She had a separate injury on 08/04/2010. She caught her shoe in the carpet and had immediate pain and swelling of her left ankle. X-rays were taken and there was no fracture. She was treated with a brace, crutches and physical therapy. She complained of left ankle pain in 2014 and had a MRI of the left ankle on 04/28/2014 that was consistent with plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, physiotherapy, kinetic activities, two-three (2-3) times a weeks for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: It is unclear why chiropractic, physical medicine visits are being ordered. There is no documentation of continued neck and back pain from a low impact MVA in a

parking lot. There is no documentation that it is needed for an ankle injury in 2010. She had physical therapy after that injury. The injury was years ago and this exceeds the 4 to 8 week course of physical medicine. The requested service is not consistent with MTUS guidelines and not medically necessary.

X-ray of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Ankle and Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Harrison's Principles of Internal Medicine, 18th Edition. 2011.

Decision rationale: She sprained her ankle in 2010 and complained of ankle pain in 2014. On 04/23/2014 there was a request for an x-ray of the left ankle and a MRI of the left ankle. The MRI was approved and was done on 04/28/2014. The information on the MRI includes all of the information on an x-ray plus more information on the bone and soft tissue. There is no reason for an additional x-ray. She had plantar fasciitis which was unrelated to any injury in 2010. The request is not medically necessary.

Functional capacity evaluation, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Fitness for Duty Procedure Summary last updated 05/12/2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

Decision rationale: The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self-Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc.): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs. floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc. (Oswestry, DASH, VAS, etc.) Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits) include objective measures of clinical exam findings. ROM should be documented in degrees. Approach to self-care and education reduced reliance on other treatments, modalities, or medications includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction

in frequency of treatment over course of care. For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. There is no documentation of any attempts or repeated attempts to return to work. There is no documentation of any condition that would preclude full time work. There is no documentation of any impairment in 2014. The request is not medically necessary.