MAXIMUS Federal Services

Case Number:	CM14-0075294		
Date Assigned:	07/16/2014	Date of Injury:	01/20/2014
Decision Date:	10/03/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 37 year old male who sustained an injury on 01/20/2014 when his foot was run over by a forklift, causing multiple crush injuries. Prior treatment history included 8 sessions of chiropractic therapy. The patient underwent debridement devitalized bone and soft tissue, right second toe; complex repair, right second digit/foot laceration; closed treatment, fourth digit fracture, right foot; physician guided pre-operative fluoroscopy on 01/20/2014. Progress notes dated 04/1182014 states the patient presented with right foot, radicular pain to his calf. Objective findings on exam revealed swelling on his right foot. The patient is diagnosed with foot/ankle sprain/strain; lumbar radiculopathy; lumbar sprain/strain; and myofascitis. The patient was recommended for 6 session's chiropractic treatments. Prior utilization review dated 05/06/2014 states the request for Chiropractic manipulation 6 sessions, 1-2 regions for the right foot is denied as there were no previous documented functional improvement from previous treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 chiropractic sessions right foot only: 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 Manual therapy and manipulation Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Chiropractic

Decision rationale: As per CA MTUS guidelines, chiropractic treatment is not recommended for Ankle & Foot. From the ODG Chiropractic Guidelines for treatment to the ankle and foot under the Manipulation heading it states: Not recommended. There is limited evidence from trials to support the use of manipulation for treating disorders of the ankle and foot, although it is commonly done and there is anecdotal evidence of its success. In general, it would not be advisable to use this beyond 2-3 weeks if signs of objective progress towards functional restoration are not clearly demonstrated. (Crawford, 2002) (Van der Windt, 2001) (Fryer, 2002) (Pellow, 2001) (Eisenhart, 2003) (Lawrence, 2001) Manual mobilization of the ankle has limited added value and is not recommended. (Kerkhoffs, 2012)" Also the ODG Chiropractic Guidelines state- Ankle Sprain: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy 9 visits over 8 weeks.[redacted] is the Primary Treating Physician and has made a decision to recommend the use of this treatment "despite the lack of convincing evidence". She has administered 12 visits of chiropractic manipulation. This treatment has resulted in some undocumented level of subjective improvement with less swelling. He is still in pain and still using crutches to ambulate. There is no documented "objective progress towards functional restoration" and the treatment plan does not include "active self-directed home therapy". While this may be included in the patient file or daily chart notes it was not included in the reviewed medical records. For these reasons the treatment of 6 additional chiropractic visits is considered not medically necessary.