

<b>Case Number:</b>	CM14-0082166		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 51-year-old male with a date of injury of 03/08/2012. The listed diagnoses per [REDACTED] are: 1. Sprain right ankle. 2. Lumbar sprain. According to Doctor's First Report from 04/28/2014, the patient presents with pain in the right ankle, low back, and complaints of sleep disturbance. Examination revealed decreased range of motion in the right ankle and lumbar spine. Muscular guarding is present throughout the paralumbar musculature. Kemp's, Milgram's, and Minor's tests are positive. Examination of the right ankle revealed tenderness. Physician is recommending chiropractic care to include spinal manipulation for the lumbar spine and right ankle 1 time a week for 6 weeks. Physician is also requesting a referral for orthopedic consultation for patient's right ankle. Utilization review denied the requests on 05/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic care to include lumbar spine manipulation with Physical Therapy modalities for the lumbar spine and right ankle 1 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS under its chronic pain section has the following regarding manual therapy and treatments Page(s): 58, 59.

**Decision rationale:** This patient presents with right ankle and low back pain. The patient also complains of sleep disturbances. Doctor's First Report from 04/28/2014 indicates the patient has decreased range of motion and continued pain in the lower back and ankle. Recommendation was for chiropractic care to include lumbar spine manipulation with physiotherapy modalities for the lumbar spine and right ankle, 1 times a week for 6 weeks. Utilization review modified certification for 6 chiropractic treatments for the lumbar spine only. MTUS guideline recommends manual therapy & manipulation for chronic pain caused by musculoskeletal conditions. However, chiropractic sessions for the ankle/ foot are not support by MTUS. Therefore, Chiropractic care to include lumbar spine manipulation with Physical Therapy modalities for the lumbar spine and right ankle 1 x 6 is not medically necessary.

**Orthopedic consultation for the right ankle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for independent Medical Examinations and Consultations regarding referrals, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004),Chapter:7 page 127.

**Decision rationale:** This patient presents with low back and right ankle pain. Upon doctor's initial consultation, physician indicated the patient has pain in the right ankle with decreased range of motion and tenderness. He is requesting a referral to [REDACTED] on a consult basis for orthopedic evaluation of the right ankle. Utilization review denied the request on 05/27/2014 stating that the patient has already seen a specialist for the right ankle complaints on 05/13/2014. ACOEM Practice Guidelines second edition {2004} page 127 has the following: The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM Guidelines further states referral to a specialist is recommended in complex issues. In this case, the treated is concerned of patient's continued right ankle complaints. Utilization states the patient already was referred for specialized consult on 05/13/2014; however, the physician's request for authorization is dated 04/28/2014. Therefore, Orthopedic consultation for the right ankle is medically necessary.