

Case Number:	CM14-0090361		
Date Assigned:	09/10/2014	Date of Injury:	09/27/2013
Decision Date:	11/06/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 records made available for review, this is a 46-year-old male with a 9/27/13 date of injury. At the time (4/21/14) of request for authorization for Chiropractic for the right foot/ankle; two times per week for four weeks (per report dated 4/21/14), two times per week for three week (per RFA dated 4/21/14). There is documentation of subjective right foot pain and objective (not specified) findings. The current diagnoses include right foot partial amputation tenosynovitis. The treatment to date includes medications, physical therapy, and previous chiropractic therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic for the right foot/ankle; two times per week for four weeks (per report dated 4/21/14), two times per week for three week (per RFA dated 4/21/14): 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 & manipulation, Page(s): 92.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify That Manual Therapy & Manipulation for the foot/ankle is not recommended. Therefore, based on

guidelines and a review of the evidence, the request for Chiropractic for the right foot/ankle; two times per week for four weeks (per report dated 4/21/14), two times per week for three week (per RFA dated 4/21/14) is not medically necessary.