

Case Number:	CM14-0101402		
Date Assigned:	07/30/2014	Date of Injury:	05/10/2013
Decision Date:	01/22/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/01/2014

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 a licensed Chiropractor (DC) and Acupuncturist, 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:

Claimant is a 48 year male who sustained a work related injury on 5/10/2013. Per a report dated 5/23/2014, the claimant has right ankle pain with fracture, right foot pain, and pain in both knees with the left greater than the right, and lumbar spine strain/sprain. He has limited range of motion in the lumbar spine and positive straight leg raise on the left. He is not working. His diagnoses are right ankle/right foot/ bilateral knee, and lumbosacral sprain/strain. Treatment requests include Osteopathic Care, Chiropractic Treatment, Physical Therapy, and Medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment/Physiotherapy for 8 sessions (2 times a week for 4 weeks) for right ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Foot & Ankle

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Manipuation

Decision rationale: Evidenced based guidelines such as the California Medical Treatment Schedule and the Official Disability Guidelines do not recommend Chiropractic therapy for the

ankle. The claimant has low back complaints, so provider is recommended to request chiropractic therapy for the low back instead. As requested for the ankle, Chiropractic Therapy is not medically necessary.