

Case Number:	CM14-0189567		
Date Assigned:	11/20/2014	Date of Injury:	06/02/2010
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 available medical records, this is a 27 year old female with chronic left foot pain, date of injury is 06/02/2010. Previous treatments include medications and acupuncture. Progress report dated 10/24/2014 by the treating doctor revealed patient complains of left foot pain, 3/10 on pain scale, pain is throbbing and radiates to the left calf and lower back because she is walking with more pressure on her right foot than her left, medication is helping. Physical examination revealed left knee tender to palpation over the calf, swelling to the left calf, left feet movements are painful with eversion beyond 10 degrees but normal inversion, flexion, and extension, tenderness to palpation over the 2nd metatarsal, 3rd metatarsal, 4th metatarsal, 5th metatarsal and heel, left tibialis anterior, flexor hallucis longus and EHL motor weakness 4/5, hyperesthesia presented over the medial calf, lateral calf on the left. Diagnoses include pain in joint of ankle and foot, reflex sympathetic dystrophy of lower limb. The patient is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4 to the left foot and ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: The claimant presented with chronic pain in the left foot despite ongoing treatments with medication and acupuncture. There are no other treatment records available. CA MTUS guidelines do not recommend chiropractic treatment for the foot and ankle. Therefore, current request is not supported by the evidences based guidelines and is not medically necessary.