

Case Number:	CM14-0207555		
Date Assigned:	12/19/2014	Date of Injury:	10/15/2013
Decision Date:	02/17/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/11/2014

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 Chiropractor (DC), 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 male with chronic left ankle pain, date of injury is 10/15/2013. Previous treatments include medications, injections, bracing, crutches, surgery, physical therapy, and acupuncture. Progress report dated 09/26/2014 by the treating doctor revealed patient with less overall pain, mild to occasionally moderate left ankle and low back pain. Exam of the thoracolumbar spine noted tenderness to palpation with spasms of the lumbar paraspinals, limited ROM secondary to pain, strength 2+//5. Exam of the left ankle revealed tenderness to palpation of the lateral ankle and the plantar ligament, limited ROM secondary to pain, strength 2+//5. Diagnoses include left foot sprain/strain, left ankle sprain/strain, lumbar spine sprain/strain, and muscle spasm. The patient returned to modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment, Physiotherapy, Myofacial Release: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Treatment for Neck and Low Back pain; and Ankle/Foot Guideline Chiropractic

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

Decision rationale: The claimant presented with ongoing pain in the left foot, left ankle, and low back. Reviewed of the available medical records showed his previous treatment include medications, bracing, acupuncture, injection, surgery, physical therapy, and possibly some chiropractic (chiropractic initial report dated 07/31/2014). MTUS guidelines do not recommend chiropractic treatment for the foot and ankle, therefore, the request for chiropractic treatment and physiotherapy for this claimant left foot, left ankle, and low back is not medically necessary.