

Case Number:	CM14-0098191		
Date Assigned:	07/28/2014	Date of Injury:	05/10/2013
Decision Date:	01/27/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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 Rehab 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:

This is a 48 year old male who suffered an industrial related injury on 5/10/13 after a scaffold collapsed and he fell approximately 6 feet to the ground. The treating physician's report dated 5/23/14 noted the injured worker had complaints of right ankle pain with fracture, right foot pain, bilateral knee pain, lumbar spine strain/sprain, poor concentration, poor memory, feelings of nervousness, feelings of anxiety, restlessness, difficulty falling asleep, awakening at night, and increased daytime sleepiness. Medical history included previous injury to the lumbar spine in 1989 with some residuals and an injury sustained during a motorcycle accident on 1/6/14. The injured worker reported pain to the left shoulder, head, and left hip region after the motorcycle accident. No increasing pain to the right ankle, right foot, bilateral knees, or low back was noted due to the motorcycle accident. The physical examination revealed normal deep tendon reflexes, normal motor strength, and normal sensation. There was foot and ankle tenderness to the right cuboid bone, calcaneus bone, and Achilles tendon. Bilateral knee flexion revealed decreased range of motion. Tenderness was noted on palpation along the spinous processes at L4-S1 and the lumbo-sacral junction. Diagnoses included right ankle strain/sprain, right foot sprain/strain, bilateral knee sprain/strain, and lumbo-sacral strain/sprain. The injured worker was noted to be temporarily totally disabled. On 6/5/14 the utilization review (UR) physician denied the request for chiropractic/physiotherapy 8 sessions for the right ankle. The UR physician noted chiropractic treatment is not recommended for the ankle therefor the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment/Physiotherapy 8 sessions (2 x 4) Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Treatment Index, 12th Edition (web) 2014, Foot and Ankle

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369,Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: ACOEM Guidelines states that manipulation has not been shown to be effective in alleviating foot or ankle pain. The CA MTUS states that manual therapy/manipulation is not recommended for the ankle and foot. Medical necessity for chiropractic treatment/physiotherapy for the right ankle is not established.