

Case Number:	CM15-0001879		
Date Assigned:	01/12/2015	Date of Injury:	02/18/1999
Decision Date:	03/12/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female who sustained an industrial accident on 02/18/1999. Diagnoses include cervical disc degeneration, cervical segmental dysfunction, lumbar sprain/strain, lumbar radiculitis, ankle segmental dysfunction, ankle pain, cervicogenic headache and thoracic segmental dysfunction. A physician progress note dated 12/15/2014 notes the injured worker complains of pain in her left ankle rated 3 out of 10. There is mild to moderate limited range of motion observed in the left ankle and left foot, and there is mild to moderate fixation detected along with mild to moderate edema in the left ankle and left foot. Treatment has included medications, chiropractic treatment, EMS, muscle work, injections, and exercise. The treating provider is requesting 6 additional 6 active chiropractic visits for the left ankle sprain as an outpatient between 12/18/2014 and 02/01/2015. On 12/22/2014 the Utilization Review non-certified the request for 6 additional 6 active chiropractic visits for the left ankle and spine as an outpatient between 12/18/2014 and 02/01/2015. Cited was California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Ankle and Foot Complaints, and California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional 6 Active Chiropractic Visits For Left Ankle Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 6 chiropractic sessions for ankle pain which were non-certified by the utilization review. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per guidelines, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore MTUS guidelines do not recommend Chiropractic for ankle pain. Per review of evidence and guidelines, 6 Chiropractic visits are not medically necessary.