

Case Number:	CM15-0005335		
Date Assigned:	01/20/2015	Date of Injury:	10/15/2014
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 30 year old female, who sustained an industrial injury on October 15, 2014. She has reported right ankle pain and lower back pain radiating to the right leg. The diagnoses have included a right ankle fracture, and lumbar spine sprain/strain. Treatment to date has included surgical repair of a right ankle fracture, physical therapy, occupational therapy, medications, and use of a walker. Currently, the injured worker complains of continued right ankle pain and lower back pain radiating to the right leg. The treating physician is requesting chiropractic/CMT/physiotherapy visits for autotherm muscle stimulator and therapeutic exercise manipulation. On January 7, 2015 Utilization Review non-certified the request for chiropractic/CMT/physiotherapy visits for autotherm muscle stimulator and therapeutic exercise manipulation noting the lack of documentation to support the medical necessity of the service. The MTUS was cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care/CMT/physiotherapy 3 times a week for 4 weeks to the right ankle (autotherm muscle stimulator, therapeutic exercise manipulation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369, Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Manual Therapy & Manipulation Page(s): page(s) 98-99, page(s) 58-60.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The MTUS Guidelines recommend chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. Electronic muscle stimulation (EMS) stimulates muscles and mimics exercise in those with nerve injuries. The MTUS Guidelines are silent on this issue, and there is no good evidence in the literature showing benefit for the treatment of pain. The submitted and reviewed documentation reported the worker was experiencing right lower leg pain and lower back pain. There was no discussion describing special circumstances that sufficiently supported this request for treatment modalities in frequencies and patterns not recommended by the guidelines and for muscle stimulation therapy. In the absence of such evidence, the current request for chiropractic care, CMT, and physiotherapy for the right ankle three times weekly for four weeks and to include autotherm muscle stimulator and therapeutic exercise manipulation is not medically necessary.