

Case Number:	CM15-0141308		
Date Assigned:	07/31/2015	Date of Injury:	12/14/2012
Decision Date:	09/02/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of December 14, 2012. In a Utilization Review Report dated July 20, 2015, the claims administrator failed to approve a request for six sessions of manipulative therapy and a reevaluation following the same. A July 13, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said RFA form dated July 13, 2015, manipulative therapy, myofascial release therapy, infrared therapy and an ankle support were sought for a primary diagnosis of ankle pain. In an associated handwritten progress note dated July 13, 2015, the applicant was placed off of work, on total temporary disability. 7/10 ankle pain complaints were reported. Large portions of the progress note were difficult to follow and not entirely legible. An ankle support and manipulative therapy were seemingly sought. The applicant had seemingly received earlier manipulative therapy for the ankle, it was suggested on an RFA form of April 27, 2015. The applicant had also seemingly received chiropractic treatment on June 12, 2015; it was further noted on a handwritten note of that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation treatments to the right ankle (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: No, the request for six sessions of chiropractic manipulative therapy for the ankle was not medically necessary, medically appropriate, or indicated here. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manipulative therapy is deemed "not recommended" for the ankle, i.e., the body part at issue here. It is further noted that the applicant had already received unspecified amounts of manipulative therapy between April and July 2015 for the ankle, despite the unfavorable MTUS position on the same. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. Here, however, the applicant was off of work, on total temporary disability, it was reported on July 13, 2015, despite receipt of several months of manipulative treatment through that point in time. Therefore, the request was not medically necessary.

Post-care re-examination: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Similarly, the request for a post-chiropractic care reexamination was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or a companion request, one which accompanied the primary request for six additional sessions of chiropractic manipulative therapy for the ankle. Since that request was deemed not medically necessary above, in question #1, the derivative or companion request for a post-care reevaluation / reexamination was likewise not medically necessary.