

Case Number:	CM15-0191301		
Date Assigned:	10/05/2015	Date of Injury:	08/18/2003
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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

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 56 year old female, who sustained an industrial injury on 8-18-2003. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for a left ankle sprain with increased symptoms and plantar fasciitis. On 8-24-2015, the injured worker reported increased left ankle and foot pain and swelling. She reported increased symptoms 2 months prior due to weight-bearing activities of daily living and work activities. She reported her right elbow and right ankle symptoms were unchanged. She reported a gradual onset of left knee and hip pain due to a flare-up of the left ankle and foot. The physical exam (8-24-2015) revealed slight diffuse swelling of the left ankle, tenderness of the medial and lateral ligament, slight tenderness of the Achilles, and no crepitus or laxity. There was increased pain with inversion and eversion stress, and a gait favoring the left lower extremity. Treatment has included pain and anti-epilepsy medications. Per the treating physician (8-24-2015 report), the injured worker had returned to work with restrictions that included no lifting over 10 pounds, no forceful pushing or pulling of the right, no over the shoulder or overhead work on the right, and no typing, mouse or writing greater than 30 minutes per hour. In addition, there was no repetitive or forceful gripping-grasping on the right. On 9-1-2015, the requested treatments included 8 sessions of chiropractic services with exercises, modalities, manipulation and myofascial release. On 9-9-2015, the original utilization review non-certified a request for 8 sessions of chiropractic services with exercises, modalities, manipulation and myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic services with exercises, modalities, manipulation and myofascial release, 2 times weekly for 4 weeks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The medical necessity for the requested 8 chiropractic treatments was not established. The request is for chiropractic treatment for the ankle/foot. Medical treatment utilization schedule guidelines do not support manipulation for ankle/foot complaints. There is no evidence of any significant clinical findings that would suggest that the claimant is an outlier to the guidelines. Therefore, the medical necessity for the requested 8 chiropractic treatments was not established. Medical treatment utilization schedule guidelines, page 58: Manual therapy & manipulation. Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care, Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care, Not medically necessary. Recurrences/flare-ups, Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Therefore, the requested treatment is not medically necessary.