

Case Number:	CM15-0196395		
Date Assigned:	10/12/2015	Date of Injury:	07/10/2015
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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: Chiropractic

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 34 year old male, who sustained an industrial injury on 7-10-15. The injured worker was diagnosed as having severe right ankle sprain; left knee pain. Treatment to date has included medications. Currently, the PR-2 notes dated 7-10-15 indicated the injured worker complains of pain and swelling to the right ankle and left knee. The provider documents "Patient now rates his pain as 7 out of 10. Patient complains of difficulty walking. Patient denies prior history of injury. There are no known prior acute traumas or cumulative trauma to the effected body part. There has been no ongoing treatment for the prior trauma or exposure. There are no known related hobbies-sports complications." The injured worker complains of pain and stiffness to his right ankle and says the pain is mild. He reports his symptoms for 5 hours and the frequency is intermittent. The symptoms are exacerbated by walking and lessened by rest. He complains of numbness to the right ankle or foot-mild and believes there is no weakness of the ankle or foot. He reports right ankle-foot edema and denies discoloration, or no leg pain. There is reported pain with motion moderate to severe of the right ankle-foot and motion is restricted. He also complains of left knee pain and the symptoms are described as dull, moderate to severe happening at the same time as his ankle -foot injury. The pain is exacerbated by walking and alleviated by rest. There is no reported numbness, discoloration, weakness or edema. The knee pains when in motion with no clicking or locking. The provider notes a pain scale of "7 out of 10." The provider administered a Toradol injection, cryotherapy was performed over the right ankle for 15 minutes, and a walking boot was dispensed along with instructions. He was also given a prescription for Ibuprofen 800mg 1 tab three times a day and hydrocodone 5mg-

acetaminophen 325mg 1 tab every 8 hours as needed and Acetaminophen Extra strength 500mg 1-2 tab three times a day and Doxycycline. He was to begin physical therapy. PR-2 notes dated 7-14-15 indicated the injured worker has not yet started physical therapy 3 x weeks for 4 weeks due to severe pain "8 out of 10". A podiatry consultation was ordered to evaluate for a possible right ankle fracture. The PR-2 notes dated 8-12-15 indicated the injured worker was referred to this office to be examined for his right ankle complaints. The provider documents his current complaints: "He has right ankle pain and swelling. It hurts with standing and walking. He has stiffness in the ankle. He is using an ACE wrap. Physical examination of the right ankle: Positive swelling right lateral ankle. Tender over the lateral ankle ligaments and distal fibula, Non-tender base of the fifth metatarsal, Diminished range of motion on extension, flexion, inversion, eversion, approximately 20% diminished. X-rays are not available for my review." He notes the diagnosis as: "possible avulsion fracture; right ankle sprain." He orders medications and physical therapy. He will also obtain the x-rays or order more. A PR-2 note dated 8-13-15 confirms there is no fracture and notes a diagnosis of right ankle sprain-strain and rule out right ankle internal derangement. His treatment plan is for chiropractic treatment with physiotherapy x3 week for 6 weeks (18 sessions). A Request for Authorization is dated 10-6-15. A Utilization Review letter is dated 9-28-15 and MODIFIED the certification for Chiropractic treatment, physiotherapy, three times a week for six weeks to authorize a trial of six (6) sessions only to the right ankle. A request for authorization has been received for Chiropractic treatment, Physiotherapy, three times a week for six weeks for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Physiotherapy, three times a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot/Manipulation.

Decision rationale: The patient has not received chiropractic care for his ankle injury in the past. The MTUS Chronic Pain Medical Treatment Guidelines and The ODG Ankle and Foot Chapter do not recommend manipulation. The ODG states that if there is a decision to use manipulation against the recommendation of the guidelines the treatment should be limited to 9 sessions over 2-3 weeks. The PTP is requesting 18 sessions for the right ankle. The UR department has considered this and modified the request approving a trial of 6 sessions of manipulation to the right ankle. The requested number of visits far exceeds The ODG and MTUS recommendations. I find that the 18 initial chiropractic sessions requested to the right ankle is not medically necessary or appropriate.