

Case Number:	CM15-0199641		
Date Assigned:	10/14/2015	Date of Injury:	08/21/2014
Decision Date:	11/23/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/12/2015

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, Minnesota
 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 40 year old female who sustained an industrial injury on 08-21-2014. A review of the medical records indicated that the injured worker is undergoing treatment for left foot contusion. According to the treating physician's progress report on 05-18-2015, the injured worker continues to experience left ankle pain, burning to the top of the foot, tingling of the 1st toe with difficulty standing, weight bearing and walking for long periods. Examination of the left ankle demonstrated swelling with tenderness of the forefoot, midfoot, hind foot and plantar fascia. There was decreased sensation from the L5 dermatomes on the left. Motor strength of the extensor hallucis longus muscle and common toe extensors was 4 out of 5 with other muscle strength of the left lower extremity intact. Knee and ankle reflexes were within normal. Left ankle magnetic resonance imaging (MRI) performed on 03-06-2015 with official report was included reporting "focal split thickness tear of the peroneus brevis just distal to the lateral malleolus, no stress or traumatic fracture, Achilles tendon appears normal and intact medial and lateral ligaments". Prior treatments have included diagnostic testing, physical therapy and medications. There were no discussions of previous therapies for the ankle-foot in the review. Current medications were listed as Naprosyn and Ibuprofen. The injured worker is on modified work duties. Treatment plan consists of electrodiagnostic studies of the lower extremity, sleep consultation, Interferential Stimulator (IF) unit, Functional Capacity Evaluation (FCE) and the current request for chiropractic therapy three times a week for 6 weeks for the left foot. On 09-17-2014, the Utilization Review determined the request for chiropractic therapy three times a week for 6 weeks for the left foot was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Chiropractic sessions 3 x 6 for the left foot: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the feet is not recommended. The doctor requested 18 chiropractic visits at 3 times per week for 6 weeks for the left foot. The request for treatment (18 visits to the left foot) is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.