

Case Number:	CM15-0200132		
Date Assigned:	10/15/2015	Date of Injury:	06/05/2013
Decision Date:	12/02/2015	UR Denial Date:	10/02/2015
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
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 28 year old male who sustained an industrial injury on 06-05-2013. According to a progress report dated 08-20-2015, the injured worker reported 8 out of 10 sharp throbbing upper mid back pain radiating up back, 9 out of 10 sharp burning right shoulder pain and stiffness radiating to the neck, 8 out of 10 sharp burning right wrist pain radiating to elbow and fingers, 9 out of 10 sharp burning right knee pain and stiffness radiating to the right ankle and 9 out of 10 sharp throbbing right ankle pain radiating to the toes of the feet. He also suffered from depression, anxiety and irritability. There was tenderness to palpation of the thoracic paravertebral muscles. There was muscle spasm of the thoracic paravertebral muscles. Kemp's caused pain bilaterally. Examination of the right shoulder demonstrated 4 out of 5 motor. Ranges of motion were decreased and painful. There was tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. Supraspinatus Press was positive. There was decreased median nerve sensation in the right wrist. There was tenderness to palpation of the lateral wrist and volar wrist. Phalen's was positive. Examination of the right knee demonstrated 4 out of 5 motor. He favored the left lower extremity and walked with a limp. Ranges of motion were decreased and painful. There was tenderness to palpation of the anterior knee, lateral knee, medial knee and posterior knee. McMurray's was positive. The right ankle was positive for swelling. Ranges of motion were decreased and painful. There was tenderness to palpation of the anterior ankle, anterior talofibular ligament and lateral ankle. Inversion test was positive. Diagnoses included thoracic muscle spasm, thoracic pain, thoracic sprain strain, right rotator cuff tear, right shoulder impingement syndrome, right shoulder pain,

right shoulder sprain strain, right carpal tunnel syndrome, right de Quervain's disease, right wrist sprain strain, right knee pain, right knee sprain strain, rule out right knee meniscus tear, right ankle pain, right ankle sprain strain, rule out right ankle internal derangement, antalgic gait, anxiety, depression and irritability. The treatment plan included physical therapy 2 x 4, extracorporeal shock wave therapy, chiropractic care 2 x 4 to increase range of motion, activities of daily living and decrease pain. The injured worker was to remain off work. On 10-02-2015, Utilization Review non-certified the request for chiropractic care to the right ankle and foot, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care to the right ankle and foot, 8 sessions: 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: The claimant presented with chronic pain in the back, right shoulder, right wrist, right ankle, right foot, and right knee. Previous treatments include medication and physical therapy. Although evidences based MTUS guidelines might recommend a trial of 6 chiropractic visits over 2 week for low back pain, chiropractic manipulation is not recommended for knee, foot, and ankle. Based on the guidelines cited, the request for 8 chiropractic sessions is not medically necessary.