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| Case Number: | CM15-0203749 | | |
| Date Assigned: | 10/21/2015 | Date of Injury: | 09/04/2014 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/16/2015 |

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 61 year old male who sustained an industrial injury September 4, 2014. Past history included status post right 1st, 2nd, 3rd MTC arthrodesis, 4th and 5th MTC arthrotomy November 6, 2014. He began approved 12 sessions of physical therapy April 16, 2015, for the right foot and ankle. On May 26, 2015, (session number not documented) the physical therapist notes documented no new complaints, therapeutic strengthening, exercises and range of motion of the right foot performed and tolerated well. Chiropractic notes dated September 17, 2015, documented the injured worker needs more joint mobilization than what he is getting in physical therapy. According to a treating physician's progress report dated September 22, 2015, the injured worker presented improved slightly. He is wearing a regular shoe and complains of pain in the anterior right ankle and the 2nd and 3rd toe that is tingling. He is wearing UCBL (foot orthosis) with decreased pain and will wear it for four weeks. The physician documented; "he has done 4 sessions of physical therapy". Objective findings included improved, no mid foot edema; tenderness to palpation; decreased range of motion of the toes. Assessment is documented as edema, lower extremities; arthritis of the 1st, 2nd 3rd, 4th, and 5th MTC (metatarsal cuneiform joint). The PTP is requesting 12 additional post-surgical sessions of chiropractic care to the ankle/foot. The UR department has modified the request and approved 8 sessions. A right ankle x-ray, frontal, lateral and oblique views dated April 23, 2015 (report present in the medical record) impressions documented as; right ankle: cyst calcaneus, like benign. Right foot: screws affixing the Lisfranc joint; arthritis of metatarsal phalangeal joints of the 1st and 2nd rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Post-Operative Chiropractic Therapy to Right Ankle/Foot Two (2) Times a Week for Six (6) Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Ankle & Foot.

Decision rationale: The patient has received chiropractic care for his ankle and foot (post-surgical 11/6/2014) in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of post-surgical chiropractic sessions provided to date are unknown and not specified in the records provided for review. The patient has undergone foot surgery to repair fractures. The MTUS Post-Surgical Treatment Guidelines recommends 12 sessions of post-surgical physical medicine treatments over 12 weeks with a treatment period of 6 months. It has been 11 months since the surgery. The patient has completed the maximum MTUS recommended post-surgical treatment number. The physical medicine treatment period has passed. The UR department has reviewed the request and approved 8 additional sessions. I find that the 12 additional post-surgical chiropractic sessions requested to right foot/ankle to not be medically necessary and appropriate.