

Case Number:	CM15-0024328		
Date Assigned:	02/13/2015	Date of Injury:	11/29/2010
Decision Date:	04/08/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 11/29/2010. The mechanism of injury involved a fall. The injured worker is status post left ankle arthrotomy with synovectomy on 12/07/2012. It was also noted that the injured worker underwent a third surgery to the left foot on 06/27/2014. The extent of the procedure was not mentioned. The injured worker maintains diagnoses of right knee sprain/strain, gastritis, right hip sprain/strain, left shoulder sprain, and lumbar spine sprain with multiple disc bulges. The injured worker presented on 08/19/2014 for a follow up evaluation regarding left ankle pain, right knee pain, and right hip and shoulder pain. Upon examination of the left ankle/foot, there was a well-healed surgical scar on the dorsum of the foot, moderate palpable tenderness, and slightly improved range of motion with 17/20 dorsiflexion 42/45 plantarflexion, 15/20 eversion, and 25/30 inversion. There was positive lateral/medial stability. Recommendations include additional postoperative chiropractic care and physiotherapy twice per week for 2 weeks. There was no Request for Authorization submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative chiropractic care 2x2 for the left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the ankle and foot is not recommended. Therefore, the request for postoperative chiropractic therapy for the left foot and ankle would not be supported. There was also no documentation of a previous course of treatment with evidence of functional improvement. Given the above, the request is not medically appropriate at this time.

Additional post-operative physiotherapy 2x2 for the left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 13-14.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. The specific type of surgery completed for the left foot/ankle was not mentioned. However, it is noted that the injured worker has previously participated in postoperative physical therapy. There is no documentation of the previous course of therapy with evidence of functional improvement. Therefore, additional treatment would not be supported in this case. As such, the request is not medically appropriate at this time.