

Case Number:	CM15-0030303		
Date Assigned:	02/24/2015	Date of Injury:	07/25/2014
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/18/2015

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 54 year old female who sustained an industrial injury on 07/25/2014. Current diagnosis includes sprain/strain of ankle. Previous treatments included bracing, medication management, physical therapy, and chiropractic therapy. Report dated 01/13/2015 noted that the injured worker presented with complaints that included right ankle pain. Physical examination was not included for this date of service. Utilization review performed on 02/09/2015 non-certified a prescription for chiropractic care for the right ankle, 2 sessions, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Care for the Right Ankle; 2 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in

functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended Page(s): 58-59.

Decision rationale: The claimant presented with chronic pain in the right ankle. Previous treatments include medications, physical therapy, and chiropractic. Although current evidences based MTUS guidelines do not recommend chiropractic treatments for the ankle and foot, the claimant has had some chiropractic treatments. However, there is no total number of visits documented, and current progress report showed no objective findings and functional deficits. Based on the guidelines cited, the request for chiropractic care for the ankle is not medically necessary.