MAXIMUS Federal Services

Case Number:	CM15-0032702		
Date Assigned:	02/26/2015	Date of Injury:	10/09/2014
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/20/2015

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, Oriental Medicine

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 (IW) is a 38 year old female who sustained an industrial injury on 10/09/2014. She has reported pain in the left ankle and foot. Diagnoses include left ankle and foot sprain. Treatments to date include five physical therapy sessions between 12/23/2014 and 01/14/2015. A MRI done on 11/28/2014 showed no significant lateral ankle pathology, and mild degenerative spurring of the dorsal talonavicular and cavicutar-cuneiform joints. A progress note from the treating provider dated 12/12/2014 indicates the left ankle range of motion is decreased with pain noted on all planes. Muscle testing revealed 5/5 bilaterally for the T1-S1 dermatomes. Treatment plan was continue an additional 8 visits with the notation that her range of motion had improved with treatment. She is not working. Per a Pr-2 dated 2/4/2015, the claimant has foot and ankle pain with pain up to the left knee. Chiropractic has been helpful. She is working with restrictions of limiting weight bearing on left leg. On 01/27/2015 Utilization Review non-certified a request for Additional Chiropractic therapy/physiotherapy for left ankle and left foot, 8 sessions. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic therapy/physiotherapy for left ankle and left foot, 8 sessions:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to evidenced based guidelines, further chiropractic after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. With functional improvement, up to 18 visits over 6-8 weeks may be medically necessary. If there is a return to work, then 1-2 visits every 4-6 months may be necessary. The claimant had eight sessions of chiropractic with range of motion improvement. However, no objective range of motion improvement or any other measures of functional improvement were submitted. Therefore further chiropractic visits are not medically necessary.