

Case Number:	CM15-0039557		
Date Assigned:	03/09/2015	Date of Injury:	03/04/2014
Decision Date:	04/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47-year-old female who sustained an industrial injury on 03/04/2014. Diagnoses include sprains and strains of the wrist (left), lumbar sprain/strain, enthesopathy of the hip (left), sprain of the knee (left) and sprains and strains of the ankle (left). Treatment has included medications. Diagnostics performed to date included an MRI. According to the PR2 dated 10/7/14, the IW reported significant left heel and ankle pain. The examination was unremarkable. It was noted that the IW was not receiving any kind of treatment at the time of the evaluation. Chiropractic care 3 times weekly for four weeks for the left ankle, left knee and left hip, was requested for continued pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care three times four for the left ankle, left knee and hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation; Physical Medicine Page(s): 58; 98-99.

Decision rationale: The injured worker sustained a work related injury on 03/04/2014. The medical records provided indicate the diagnosis of sprains and strains of the wrist (left), lumbar sprain/strain, enthesopathy of the hip (left), sprain of the knee (left) and sprains and strains of the ankle (left). Treatment has included medications. The medical records provided for review do not indicate a medical necessity for Chiropractic care three times four for the left ankle, left knee and hip. Chiropractic care follows either the manual therapy guidelines or the physical medicine guidelines. The manual therapy guidelines recommends follows: 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 reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. The physical medicine guidelines recommends allowing for a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified. 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS). 24 visits over 16 weeks. Therefore, the requested treatment is not medically necessary as it exceeds the guidelines requirement of 10 visits for physical medicine guideline, which is the appropriate guideline in this case.