

Case Number:	CM15-0048052		
Date Assigned:	03/20/2015	Date of Injury:	08/25/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/13/2015

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:

This 33 year old male sustained an industrial injury to the left ankle and foot on 8/25/14. The injured worker was diagnosed with left fifth toe fracture, left foot/ankle pain, left foot contusion and left foot cellulitis. Previous treatment included open reduction internal fixation left metatarsal fracture, physical therapy, acupuncture, injections, bone scan and medications. The injured worker was later diagnosed with complex regional pain syndrome and reflex sympathetic dystrophy. In a PR-2 dated 2/13/15, the injured worker complained of ongoing burning pain to the left foot after standing for 10 minutes, rated 10/10 on the visual analog scale. Physical exam was remarkable for left foot with a healed incision with tenderness to palpation along the fifth metatarsal and the surgical incision, normal foot and ankle strength with the exception of very mild weakness on dorsi flexion and full range of motion of the left foot. Current diagnoses included history of foot surgery and left foot pain. The treatment plan included medications (Naproxen and Tramadol), acupuncture referral and hot/cold packs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractor 2 times per week for 6 weeks (12 sessions) left ankle/foot: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Patient has not had prior chiropractic treatments. Provider requested initial trial of 12 chiropractic treatment for left foot and ankle pain. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Furthermore MTUS guidelines do not recommend Chiropractic care for foot and ankle pain. Per guidelines and review of evidence, 12 Chiropractic visits are not medically necessary.