

Case Number:	CM15-0087362		
Date Assigned:	05/11/2015	Date of Injury:	02/14/2012
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/06/2015

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: Chiropractic

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 40 year old male, who sustained an industrial/work injury on 2/14/12. He reported initial complaints of neck and ankle pain. The injured worker was diagnosed as having Achilles tendinitis, left ankle sprain and crush injury, bilateral shoulder tendinitis, and cervical sprain. Treatment to date has included medication, physical therapy, chiropractic therapy, and injections to the left ankle. Currently, the injured worker complains of neck and left ankle/foot pain with inability to bear weight on the left foot. Per the primary physician's progress report (PR-2) on 4/15/15, examination revealed range of motion very limited in the left ankle. The requested treatments include 8 additional chiropractic sessions for the cervical and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 4 for the cervical and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation ODG Neck & Upper Back and Ankle & Foot Chapters, Manipulation Sections/MTUS Definitions Page 1.

Decision rationale: The treatment records in the materials submitted for review do not show objective functional improvement with the past chiropractic care rendered. The patient has received prior chiropractic care per the records reviewed however, the past chiropractic treatment notes are not available in the materials submitted for review. Therefore, the efficacy of the past chiropractic care rendered cannot be measured. The MTUS Chronic Pain Medical Treatment Guidelines and the ODG Neck & Upper Back Chapter recommends additional chiropractic care with evidence of objective functional improvement, 1-2 sessions every 4-6 months. The MTUS- Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The ODG Foot and Ankle Chapter does not recommend manipulation. The ODG Neck & Upper Back Chapter and The Chronic Pain Medical Treatment Guides recommend additional chiropractic care for flare-ups "with evidence of objective functional improvement." No objective functional gains have been evidenced with the past rendered chiropractic care. I find that the 8 additional chiropractic sessions requested to the cervical spine and left ankle to not be medically necessary and appropriate.