MAXIMUS Federal Services

Case Number:	CM14-0128027		
Date Assigned:	09/23/2014	Date of Injury:	12/11/2013
Decision Date:	10/22/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is a licensed Chiropracticor and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 47-year-old female who has submitted a claim for Acute traumatic sprain of the ankle associated with an industrial injury date of 12/11/13.Medical records from January to July 2014 were reviewed. Patient apparently sustained an injury while working in her capacity as a housekeeper. She reports that while going down a flight of stairs, she slipped, twisted her right foot and ankle, then fell, afterwhich she immediately felt a sharp pain followed by swelling of the affected area. Patient sought consult and was prescribed anti-inflammatory medications, splinting and rest from work. An MRI of the left ankle dated 1/13/14 showed subchondral fractures of the medial malleolus and of the lateral navicular bone; bony contusions of the sustentaculum tali of the calcaneus, lateral talus base and fourth metatarsal; tendinopathy with tenosynovitis of the peroneal brevis, longus tendons, posterior tibial and flexor hallucis longus tendons; partial thickness tear of the anterior talofibular ligament; sprain of the calcaneofibular and posterior talofibular ligament; and, plantar fasciitis; However no official report of this study was included in the records for review. Patient then had 6 sessions of physical therapy. Response to this modality was not recorded in the submitted documents. This was followed by chiropractic therapy. 07/21/14 progress report showed patient still had pain in the right ankle graded at 3-4/10 in severity and that chiropractic therapy provides relief of her pain and allowed her to stand, walk and wear lace up tennis shoes. Plan was for additional chiropractic treatment and work restriction.Treatment to date has included work and activity restriction, 6 sessions of physical therapy and a total of 18 visits for chiropractic treatment.Utilization review date of 07/29/14 denied the request for additional chiropractic treatment because patient have exceeded the recommended 18 visits and there was no objective evidence of functional improvement, since patient still had reports of pain even after 18 visits of chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy x6 treatments for the right 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): 58-60.

Decision rationale: As stated on pages 58-60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. 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. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. However, according to the guidelines mentioned above, manual therapy is not recommended for the ankle and foot. In this case, patient had a total of 18 visits which patient claimed provided relief for her pain symptoms and allowed her to stand and walk. However, as evidenced by the subjective complaints noted in the progress reports submitted, there were no significant improvement in her pain severity, graded 3-5/10 constantly over the course of treatment. Also, patient still remains to be TTD even after 18 visits. Also, ankle and foot manual therapy are not recommended in the present guidelines. Therefore, the request for Chiropractic Physiotherapy x 6 treatments for the right ankle is not medically necessary.