

Case Number:	CM14-0137796		
Date Assigned:	09/05/2014	Date of Injury:	02/01/2010
Decision Date:	10/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/26/2014

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 Board Certified in Family Medicine, and is licensed to practice in North Carolina. 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:

The claimant had an original date of injury of 2/1/2010. Diagnoses include right ankle sprain/strain and right lower extremity neuropathy. Prior treatments have included medication, chiropractic manipulation, and acupuncture. Planned investigations include MRI and PNCV of lower extremity. The request is for chiropractic treatment, right ankle 1 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic w/Physiotherapy and Myofascial Release 1x6 for Right Ankle, Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 59-60.

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

Decision rationale: The CA MTUS states that Manual Therapy such as Chiropractic Manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks, which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if

return to work has been achieved, then 1-2 visits every 4-6 months are indicated. However, manual manipulation is not medically indicated for ankle, foot, and carpal tunnel, forearm, and wrist hand or knee conditions. In this case, the complaint is ankle pain and manual manipulation (chiropractic) is not medically indicated.