

Case Number:	CM14-0148253		
Date Assigned:	09/18/2014	Date of Injury:	08/06/2010
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/11/2014

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 Board Certified in Chiropractic 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:

The patient is a 35 year old male who injured his right knee (fibula fracture), right foot and right ankle on 8/6/2010. The patient is status post right ankle arthroscopy with synovectomy and removal of painful hardware. Per the PTP's progress report subjective complaints are listed as follows: "With regard to pain levels he is reporting pain level 5/10 in the right foot and ankle region and continues with post-op therapy and instruction." The diagnoses assigned by the PTP are post-traumatic arthritis right ankle and status post painful hardware removal right ankle. Diagnostic imaging studies are not provided in the records. The PTP is requesting 34 sessions of post-operative chiropractic physiotherapy to the right ankle over 16 weeks. The UR department has modified the request and authorized 17 sessions of post-operative chiropractic physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Physiotherapy Times 34 Visits over 16 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This is a chronic post-surgical case. MTUS Post-Surgical Treatment Guidelines for physical medicine recommends 34 visits over 16 weeks for ankle surgery. Chiropractic care falls under this category. Per PTP and records provided, the patient has not

received any post-operative therapy. The UR department has modified the request and authorized 17 sessions of post-operative chiropractic physiotherapy. However, MTUS guides allows for 34 sessions. I find that the 34 sessions of post-operative chiropractic physiotherapy to the right ankle over 16 weeks be medically necessary and appropriate in this case.