

Case Number:	CM14-0149121		
Date Assigned:	09/18/2014	Date of Injury:	12/10/2013
Decision Date:	12/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a 67-year-old female with a work related injury on December 29, 2013. The injury was described as an injured right ankle resulting in talar and fibular fracture. Treatment history included acupuncture and physical therapy. Per the documentation of the August 18, 2014, the worker was complaining of right ankle pain that was constant with a rate of two to three on a scale of ten at rest and increasing to five with any attempted repetitive weight bearing activities. There was pain in the lumbar spine that was rated one to two at rest and increasing to four with any repetitive bending, scooping, twisting, pushing and pulling and attempting any weight-bearing activities. There was also right hip pain that was constant with a rating of one to two at rest and four with attempted repetitive weight bearing activities. Physical examination revealed moderate tenderness in the lateral aspect of the right ankle in the area of the lateral gutter and inferior malleolar lateral malleolus and the anterior talofibular ligament. The right ankle was noted to have two plus edema with moderate induration and right calf atrophy. Range of motion of the forefoot, midfoot, hindfoot and ankle was equal and bilaterally symmetrical except for a loss of inversion of the right subtalar joint at the 8/20 degrees and loss of dorsiflexion of the right ankle at 0/10 degrees, there was no documentation of subtalar joint instability. Gait analysis revealed a perceptible limp and stride shorter on the right than the left. There was also excessive pronation instability throughout the entire stance phase of gait to the mid and hindfoot causing excessive stress on her ankle. Diagnoses at this visit was documented as status post twisting injury to the right ankle, status post right talar fracture and right fibular fracture, post-traumatic arthrofibrosis lateral ankle causing restriction in motion and chronic arthralgia, contusion of the right hip and contusion of the lumbar spine. The physician's recommendation for treatment included a hinged brace AFO of the left ankle and six physiotherapy adjustments visits to the lumbar spine. Per the utilization review determination the six additional chiropractic and

physical therapy sessions were non-certified. The additional six visits were documented as not covered because there was not sufficient documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic/Physical Therapy for Lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with chronic right ankle, right hip and lumbar pain. The current request is for Chiropractic/Physical Therapy for Lumbar. The treating physician report dated 08/18/14 indicates a request for six physiotherapy adjustments to the lumbar spine. In this case the treating physician has not documented functional improvement with prior chiropractic treatments as required by the MTUS guidelines and the current request before me does not indicate the frequency or duration of treatment required, thus rendering the request invalid. Recommendation is for denial.