

Case Number:	CM14-0161014		
Date Assigned:	10/06/2014	Date of Injury:	06/19/2008
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 Licensed 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:

According to the available medical records, this is a 50 year old female with chronic pain in the left foot and low back pain, date of injury is 06/19/2008. Previous treatments include chiropractic and medications. There is no other treatment records available for review. Progress report dated 08/27/2014 by the treating doctor revealed patient complains of increased left foot pain, increased low back pain due to altered gait, 5-6/10 pain scale. Physical exam revealed moderate antalgia, favoring her left ankle/foot, +1 swelling about her left ankle and Achilles tendon at its attachment upon the calcaneous, tenderness over the plantar wart as well as over the left ankle and left Achilles tendon, tenderness in the midline lumbar spine and right low back, active ROM decreased. Diagnoses include rotator cuff tendinosis, left shoulder, compensatory sp/st of the lumbar spine, severe left tib/fib fracture, status post open reduction/internal fixation left tibia, left foot fracture, status post left shoulder rotator cuff repair. The patient is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions (lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant presents with a flare up of low back pain secondary to altered gait. While chiropractic treatment might be recommended by MTUS guideline for flare up of low back pain, the request for chiropractic treatment 2x per week for 4 weeks exceeded the guideline recommendation for flares up. Therefore, it is not medically necessary.