

Case Number:	CM14-0181561		
Date Assigned:	11/06/2014	Date of Injury:	06/13/2009
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/31/2014

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 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 injured worker had a date of injury on 6/13/2009. The patient twisted her right foot/ankle. She has had physical therapy, crutches and boot and cortisone injection. The diagnosis includes lumbar disc displacement without myelopathy, twisting injury right foot and ankle, neuritis lateral dorsal cutaneous nerve of right ankle, DJD medial talar tibial articulation, osteochondral defect right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Pair Of Extra-Depth Shoes - Purchase right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370-371, 376.

Decision rationale: According to medical records orthotics are recommended for plantar fasciitis and metatarsalgia. The patient does not have these diagnosis and thus not medically necessary.

6 Adjustment Visits (Lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: Based on guidelines Manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. In the acute phases of injury manipulation may enhance patient mobilization. If manipulation does not bring improvement in three to four weeks, it should be stopped and the patient reevaluated. For patients with symptoms lasting longer than one month, manipulation is probably safe but efficacy has not been proved. Based on medical records this is not an acute injury and thus adjustment of the lumbar region is not medically necessary.

6 Additional Physiotherapy Visits (Right Ankle): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Based on guidelines, physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Based on the medical records the patient has already had physical therapy with limited improvement and is not on a home exercise program. Thus physiotherapy is not recommended is not considered medically necessary.