

Case Number:	CM14-0184399		
Date Assigned:	11/10/2014	Date of Injury:	05/20/2014
Decision Date:	12/18/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 is a 22 year-old male with an original date of injury on 5/20/2014. The mechanism of injury was twisting his ankle while he was patrolling as a security guard. The industrially related diagnoses are lower back pain, right ankle sprain and strain, and right foot pain. The patient had an x-ray of the right ankle which did not reveal significant pathology. He was using cold pack, Tylenol, Tramadol, Mobic, Biofreeze topical, and ankle brace for his pain. The documentation provided states physical therapy and chiropractic treatments have begun, but no information was provided on how many sessions have taken place. The disputed issue is the request for 10 additional sessions of chiropractic treatment. A utilization review dated 10/14/2014 has non-certified this request. The stated rationale for denial was according to ACOEM and Official Disability Guidelines, a trial of chiropractic treatment may be necessary and continuing treatment may be necessary if improvement is shown. In this case, the medical necessity was not established as the prior number or efficacy of the previous chiropractic sessions was not provided. Therefore, this request was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, QTY: 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Ankle and Foot (Acute and Chronic), Manipulation (Chiropractic)

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state on pages 58-60 the following regarding Manual Therapy & Manipulation: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care - Not medically necessary. Recurrences/flare-ups - Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines a. Time to produce effect: 4 to 6 treatments b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined." Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions, however, it is not typically recommended for ankle and foot region. Two chiropractic progress notes were found dating on 7/9/2014, and 8/26/2014, but neither note clearly documented functional improvement and decrease of joint pain. It appears the range of motion of the right ankle was worse on the 8/26/2014 compare to 7/9/2014. Therefore the request for additional 10 sessions of chiropractic treatment is not medically necessary.