

Case Number:	CM14-0082790		
Date Assigned:	07/21/2014	Date of Injury:	10/11/2013
Decision Date:	12/24/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/04/2014

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 a licensed Chiropractor, 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 33 year old male who injured his left foot on 10/11/2013 as a result of performing his duties as a pipe fitter. The injury occurred when a 1500 pound rigged pipe unit fell on his left foot crushing digits 2-5. The patient is status post amputation of digits 3, 4 and 5. Per the PTP's report the patient complains of constant low back pain caused by his inability to ambulate properly. The low back pain has also been brought on by shifting stance constantly and walking/standing for prolonged periods of time using crutches. The patient has been treated with medications and physical therapy and surgery for his left foot (4 surgical procedures). Diagnosis assigned by the PTP is left foot injury status post-surgical with amputation of digits 2-5. The PTP is requesting an initial trial of 6 chiropractic sessions to the lumbar spine to alleviate low back pain caused by the left foot injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy six sessions, two visit per week for three weeks.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Manipulation Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Manipulation Section

Decision rationale: The patient has suffered a crushing injury to his left foot that has resulted in amputation of several digits. The inability to ambulate properly in addition to constant crutch use and shifting weight from left to right leg has caused low back pain. Chiropractic care has not been rendered in this case. The MTUS Chronic Pain Medical Treatment Guidelines p. 58-60 and MTUS ODG Chiropractic Guidelines Low Back Chapters recommends a trial of 6 visits over 2 weeks. I find that a trial of 6 Chiropractic Sessions to the low back to be medically necessary and appropriate.