

Case Number:	CM14-0210488		
Date Assigned:	12/23/2014	Date of Injury:	08/16/2007
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Chiropractor

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 claimant is a 52-year-old male who was involved in a work injury on 8/16/2007. The mechanism of injury was described as the claimant "was pulling an electric pallet jack and was approaching the plastic curtains at the door of the warehouse and a forklift was also approaching the plastic curtains from the other side but could not see each other because of the plastic curtains. Suddenly the forklift ran him over and [REDACTED] left ankle was crushed by the hind wheels of the forklift." The claimant was immediately taken to the local hospital at which time it was determined that the claimant had fractured his ankle. The following day the claimant underwent ankle surgery in which titanium rods and screws were implanted. Approximate 4 months later the cast was removed in the metal implants were removed. This was followed by a course of therapy. In July 2008 the claimant was released to return to work by the company physician with no future medical care. The claimant continued to work and was ultimately laid off in September 2011. The claimant sought legal representation and was referred to the office of [REDACTED] for an initial evaluation on 10/27/2014 the claimant complained of neck, lower back, right shoulder, left knee, left ankle pain at 6-8/10 on the visual analogue scale in addition to anxiety, depression, and stress. The claimant was diagnosed with some acute traumatic moderate repetitive cervical spine sprain/strain, posterior disc bulge in the cervical spine, myofascial pain syndrome cervical spine, some acute traumatic moderate repetitive lumbar spine sprain/strain radiating to the left leg, posterior disc bulge at L2 through S1, myofascial pain syndrome lumbar spine, right shoulder subacute traumatic moderate repetitive sprain/strain, left knee sprain/strain, left knee torn meniscus, left ankle sprain/strain, status post open reduction and

internal fixation with hardware removed left ankle, posttraumatic crushed left ankle, posttraumatic fractured left ankle, anxiety/depression/stress with associated mood swings, and sleep disturbance. The recommendation was for 12 sessions of aquatic therapy, 3 sessions of shockwave therapy for the right shoulder, 8 acupuncture treatments, 8 physiotherapy treatments, and 8 chiropractic treatments. On 11/21/2014 a peer review with [REDACTED] resulted in certification of 3 acupuncture treatments, noncertification of the requested chiropractic manipulation, physiotherapy, and aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Chiropractic sessions 2 times a week for 4 weeks for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

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

Decision rationale: Medical treatment utilization schedule guidelines indicate that manipulation for ankle/foot complaints is "not recommended." There is no indication of any significant clinical findings that would suggest the claimant is an outlier to guidelines necessary to support the requested manipulation. Therefore, the medical necessity for the requested manipulation was not established.