

Case Number:	CM14-0056839		
Date Assigned:	07/09/2014	Date of Injury:	03/05/2014
Decision Date:	03/27/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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, Oriental Medicine

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 68 year old male with an industrial injury dated 03/05/2014. No mechanism of injury provided. The primary physicians PR-2 dated 3/31/14 reported the patient with leg pain improving with less edema and less calf tenderness. Homan's sign and SL was positive. Diagnosis was non-traumatic tendon rupture and thrombophlebitis. On 04/11/2014 the request for 8 visits of Chiropractic care, 2 times a week for 4 weeks was non-certified by utilization review. CAMTUS Treatment Guidelines did not address Chiropractic care to the leg. ODG was cited. Guidelines do support manipulative care to musculoskeletal regions, UR found no skeletal lesions identified that if managed with manipulation would benefit the patient tendon rupture or thrombophlebitis. No specific non-manipulative therapy was outlined to manage the patients lower extremity deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2x week x 4 weeks left leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Pain (updated 3/27/14), Manual therapy and manipulation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines updated 2/27/15; ODG Chiropractic Guidelines - Manipulation is not recommended. (If a decision is made to use this treatment despite the lack of convincing evidence. The treatment may be chiropractic physical therapy versus manipulation.) 12 visits over 8 weeks

Decision rationale: The 4/11/15 UR determination to non-certify the the requested Chiropractic manipulation to the patients lower extremity was reasonable and appropriate supported by the referenced ODG Guidelines for manipulation to the leg; manipulation is not recommended. Although Chiropractic non-manipulative therapy is supported, there was not documentation provided by the requesting physician as to the specific modalities to be applied to the patients leg only the reference to Chiropractic care. The Appeal for Chiropractic care to the lower extremity remains denied.