

Case Number:	CM15-0008337		
Date Assigned:	01/26/2015	Date of Injury:	02/27/2007
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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: Physical Medicine & Rehabilitation

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 27 year old male who sustained an industrial injury on 2/27/2007. He has reported injury to the left ankle, pelvis, head, lungs, liver and right kidney. The diagnoses have included post-traumatic headaches, lumbar 5 fracture, left ankle fracture and pelvic diaphysis injury. Treatment to date has included therapy, home exercises and medication management. Currently, the IW complains of left ankle pain and weakness. Treatment plan included 12 sessions of chiropractic care to the left ankle. On 12/19/2014, Utilization Review modified 12 sessions of chiropractic care to the left ankle to 6 sessions, noting 6 sessions for an initial trial. The MTUS was cited. On 1/15/2015, the injured worker submitted an application for IMR for 12 sessions of chiropractic care to the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of chiropractic, 2 times a week for 6 weeks to left ankle and pelvis:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Based on the 11/20/14 progress report provided by treating physician, the patient presents with left ankle pain rated 2/10 and pelvis pain rated 4-8/10. The request is for TWELVE 12 SESSIONS OF CHIROPRACTIC, 2 TIMES A WEEK FOR 6 WEEKS TO LEFT ANKLE AND PELVIS. Patient is status post fracture of lumbar spine transverse process and fracture of left ankle, per Request for Authorization form dated 11/20/14. Patient is working without restrictions. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions... Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Per progress report dated 11/20/14, treater is "requesting authorization for a course of physio/chiropractic care twice a week for six weeks for the left ankle, pelvis and the head." Treatment history has not been provided and there is no mention patient has had chiropractic treatment in the past. An initial trial of 12 visits would be reasonable. However, treatment to the ankle is not supported by MTUS. Therefore, the request IS NOT medically necessary.