

Case Number:	CM15-0016321		
Date Assigned:	02/04/2015	Date of Injury:	12/03/2012
Decision Date:	07/01/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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 injured worker is a 37-year-old male, who sustained an industrial injury on 12/03/2012. He reported a mechanical fall, twisting the right leg causing all the weight onto the left ankle. Diagnoses include chronic knee pain and chronic ankle pain. Treatments to date include activity modification, ankle orthotics, physical therapy, and medication management. Currently, he complained of right knee pain rated 5/10 VAS. He also reported bilateral ankle pain with spasms in the arches of the feet. In addition, associated with numbness and tingling. On 11/19/14, the physical examination documented effusion and tenderness in the right knee with decreased range of motion and a positive McMurray's test. The plan of care included five physical therapy sessions to help regain full functions of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy x 5 for the right knee and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy.

Decision rationale: The claimant presented with chronic knee pain and chronic ankle pain. Previous treatments include medications, orthotics, and physical therapy. Reviewed of evidences based MTUS guidelines noted no recommendation for chiropractic treatment of the knee, ankle and foot. Therefore, the current request for 5 visits of chiropractic therapy for the right knee and ankle is not medically necessary and appropriate.