

Case Number:	CM15-0115967		
Date Assigned:	06/24/2015	Date of Injury:	08/21/2013
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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 24 year old male, who sustained an industrial injury on 8/21/13. He has reported initial complaints of ankle pain after rolling his right ankle. The diagnoses have included sprain of right ankle deltoid, thoracic strain/sprain, lumbar strain/sprain, and spasm of muscle. Treatment to date has included medications, activity modifications, off work, work restrictions, diagnostics, chiropractic, and home exercise program (HEP). Currently, as per the physician progress note dated 4/1/15, the injured worker complains of upper back pain, right ankle pain, low and mid back pain rated 4-6/10 on pain scale. He reports that the symptoms continue to be relieved when he gets adjusted. The objective findings reveal decreased cervical flexion with pain, decreased thoracic flexion with pain and right lateral flexion with pain. There is decreased right ankle dorsiflexion with pain. There are mild tender taut fibers over the right lateral ankle. There is biomechanical joint dysfunction over the thoracic and lumbar vertebral segments. There was spasm noted in the shoulder blades and lumbar areas. The injured worker had a quarter of an inch functionally short left leg length. There is previous chiropractic sessions noted. The physician requested treatment included Outpatient chiropractic treatment total of 8 visits 3 times a week for the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient chiropractic treatment total of 8 visits, 3 times a week, right ankle: Upheld

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

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

Decision rationale: The medical necessity for the requested manipulation treatment for the right ankle was not established. The claimant is receiving treatment for both the right ankle and lumbar complaints. Manipulation for spinal complaints is supported by MTUS guidelines. The same guidelines do not support manipulation for ankle complaints. Therefore, the medical necessity for the requested 8 manipulation treatments for the right ankle was not established.