

Case Number:	CM15-0120380		
Date Assigned:	06/30/2015	Date of Injury:	03/12/2014
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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: Chiropractic

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 69 year old male, who sustained an industrial injury on 3/12/14. He has reported initial complaints of a crush injury of the left ankle. The diagnoses have included crush injury of the left ankle, chronic ankle sprain, and lumbar region sprain. Treatment to date has included medications, activity modifications, off work, diagnostics, chiropractic sessions, consultations, physical therapy, bracing and home exercise program (HEP). Currently, as per the physician progress note dated 5/19/15, the injured worker is for follow up visit and it is noted that the physician recommends a new Magnetic Resonance Imaging (MRI) of the left ankle and electromyography (EMG)/ nerve conduction velocity studies (NCV) studies to rule out lumbar radiculopathy versus peripheral nerve compression versus peripheral neuropathy. It is noted that the injured worker would like to continue with chiropractic treatments as it is helping the pain. The objective findings reveal that he wears an ankle/foot brace and he has a popping in the calcaneus region when he walks or moves the foot/ankle through range of motion. The physician notes that the Magnetic Resonance Imaging (MRI) of the left ankle reveals a sprain of the posterior talofibular ligament in association with contusional bone marrow changes in its talar attachment. The physician requested treatment included 6 Chiropractic treatments for the lumbar spine due to gait deficiency caused by the left foot ankle injury and to prevent further injury to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Chiropractic treatments for the left foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58 and 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation; MTUS Definitions Page(s): 58; 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Ankle & Foot Chapters, Manipulation Sections.

Decision rationale: The patient has received chiropractic care for her foot, ankle and lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date is unknown and not specified in the records provided for review. It is of interest to note that the RFA provided by the requesting physician asks for 6 sessions of chiropractic care to the lumbar spine. However, the IMR application lists the requested treatment as 6 sessions of chiropractic care to the left foot and ankle. The chiropractic care is being requested to the lumbar spine to treat low back pain caused by gait deficiencies. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered to either low back or foot and ankle, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS and ODG do not recommend manipulation to the foot and ankle. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the left foot and ankle to not be medically necessary and appropriate.