

Case Number:	CM15-0170043		
Date Assigned:	09/10/2015	Date of Injury:	11/16/1987
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female patient, who sustained an industrial injury on 11-16-87. The diagnoses include bilateral plantar fibromatosis and forefoot pain. Per the PR2 dated 7-27-15, she had complaints of pain in the balls of her feet as well as the arches. The physical examination revealed an intact plantar fascia bilaterally, some modularity of the plantar fascia, intact Achilles and stable metatarsophalangeal joints. The treating physician noted improvement in patient's symptoms following the chiropractic treatments and massage therapy. Treatment to date has included chiropractic treatments x 12 sessions and massage therapy. The treating physician requested to continue chiropractic treatments x 12 sessions to the bilateral feet and massage therapy x 12 sessions to the bilateral feet. On 8-4-15 the treating physician requested a Utilization Review for chiropractic treatments x 12 sessions to the bilateral feet, massage therapy x 12 sessions to the bilateral feet and a pair of custom orthotics. The Utilization Review dated 8-7-15, non-certified the request for chiropractic treatments x 12 sessions to the bilateral feet and massage therapy x 12 sessions to the bilateral feet and certified the request for a pair of custom orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatments: bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the cited guidelines regarding chiropractic treatment "Elective/ maintenance care" is not medically necessary. Ankle & Foot: Not recommended. Therefore the cited guidelines do not recommend chiropractic treatment for this diagnosis. "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic". Per the records provided, she has had 12 chiropractic sessions and massage therapy for this injury. There is no evidence of ongoing significant progressive functional improvement from the previous chiropractic therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 12 chiropractic treatments: bilateral feet is not fully established for this patient and therefore is not medically necessary.

12 massage therapy sessions: bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (Acute and Chronic): Massage (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Per the CA MTUS guidelines, regarding massage therapy "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases". Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. Patient has had chiropractic and massage therapy for this injury. There is no evidence of significant ongoing progressive functional improvement from the previous massage/chiropractic therapy visits that is documented in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 12 massage therapy sessions: bilateral feet is not fully established for this patient and therefore is not medically necessary.

