

Case Number:	CM15-0175228		
Date Assigned:	09/16/2015	Date of Injury:	12/05/2014
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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, Minnesota

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:

This is a 32 year old male with a date of injury of December 5, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for a left ankle sprain and strain, and left ankle contusion. Medical records dated June 8, 2015 indicate that the injured worker complains of intermittent moderate left ankle and foot pain rated at a level of 4 out of 10 with associated stiffness. Records also indicate the symptoms were associated with prolonged standing and walking. A progress note dated July 27, 2015 notes intermittent moderate left ankle and foot pain rated at a level of 4 to 5 out of 10 with associated stiffness. The physical exam dated June 8, 2015 reveals an antalgic gait, swelling of the left ankle, decreased and painful range of motion, tenderness to palpation of the anterior and dorsal ankle, muscle spasm of the calf, and pain with Anterior Drawer. The progress note dated July 27, 2015 documented a physical examination that showed finding unchanged from the examination on June 8, 2015. Treatment has included five sessions of physical therapy, ankle injections, magnetic resonance imaging of the left ankle and foot (February 23, 2015) that showed possible evidence of an old injury, intact ligaments, mild distal tendinosis of the tibialis posterior tendon, and mild non-specific subcutaneous edema around the anterolateral ankle, and at least fifteen sessions of chiropractic treatment. The original utilization review (August 6, 2015) non-certified a request for six sessions of chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Integrated Treatment /Disability Duration Guidelines Ankle & Foot (acute & chronic) online version (updated 06/22/2015) Manipulation.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits for 6-8 weeks. The guidelines also state that manipulation of the ankle is not recommended. The doctor has requested 6 chiropractic treatments to the ankle. The requested treatment is not according to the above guidelines and therefore the treatment is not medically necessary and appropriate.