

Case Number:	CM15-0040003		
Date Assigned:	03/10/2015	Date of Injury:	01/30/2015
Decision Date:	04/20/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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 47 year old male, who sustained an industrial injury on 1/30/2015. He has reported swollen right foot and pain in right hip, neck and back. The diagnoses have included cervical sprain/strain, lumbosacral sprain/strain, right foot sprain/strain and lumbar radiculitis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and physical therapy. Currently, the IW complains of pain in the foot, hip, neck and back that increases with activity. The physical examination from 2/20/15 documented positive orthopedic findings for cervical spine and right foot sprains. The plan of care included chiropractic therapy, six sessions, twice a week for three weeks with work conditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with physiotherapy with working conditioning 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 181-182, 298-299, 369, 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Neck & Upper Back, Low Back, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, Manipulation Work Conditioning, work hardening Page(s): 58-59, 125-126.

Decision rationale: The claimant presented with injury to the right foot and pain in the right hip, neck and back, date of injury is 01/30/2015 (3 weeks ago). Treatments to date included medications and 6 physical therapy sessions. While MTUS guidelines do not recommend chiropractic treatments for the foot and ankle, the claimant injury do not meet the criteria for work conditioning. Therefore, based on the guidelines cited, the request for 6 chiropractic treatments with physiotherapy and work conditioning is not medically necessary.