

Case Number:	CM15-0067793		
Date Assigned:	04/15/2015	Date of Injury:	05/12/2005
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/09/2015

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: New Jersey

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:

The injured worker is a 59 year old female, who sustained an industrial injury on May 12, 2005. She reported slipping and falling. The injured worker was diagnosed as having right ankle sprain/strain. Treatment to date has included x-rays, bracing, physical therapy, cortisone injection, MRI, epidural injection, and medication. Currently, the injured worker complains of pain in the right ankle. The Primary Treating Physician's report dated February 6, 2015, noted the injured worker reporting her right ankle pain increased from 7/10 to 8/10 on the visual analog scale (VAS) since the previous visit. Physical examination of the right ankle was noted to show grade two tenderness to palpation, decreased from grade three on the last visit, with restricted range of motion (ROM). The treatment plan was noted to include prescribed chiropractic treatments therapy for the right ankle and transportation to and from all medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Chiropractic manipulation for 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): 58-60.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. In the case of this worker, chiropractic manipulation was recommended for the right ankle. However, ankle is not a recommended body area to be treated with manipulation, and therefore, the request will be considered medically unnecessary.

1 Transportation to and from all medical appointments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee section, Transportation (to and from appointments).

Decision rationale: The MTUS is silent on whether or not transportation is necessary or not for chronic pain or injuries. The ODG states that for leg injuries, transportation to and from appointments may be allowed, if it is medically necessary, and if the patient has a disability that specifically prevents them from self-transporting themselves to their appointments. In the case of this worker, there was a request made for transportation to and from medical appointment. However, this request is not warranted, based on the lack of evidence found in the documentation suggesting the inability to arrange for her own transportation. Therefore, the request for transportation will be considered medically unnecessary.