

Case Number:	CM15-0068959		
Date Assigned:	04/16/2015	Date of Injury:	09/17/2014
Decision Date:	05/15/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/11/2015

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, Oriental Medicine

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 an 80 year old male, who sustained an industrial injury on 9/17/14. He reported right ankle and right lower leg pain. The injured worker was diagnosed as having complete tear of anterior tibialis tendon with longitudinal split tear of peroneus brevis. Treatment to date has included activity restrictions, physical therapy, oral NSAIDS and home exercise program. Currently, the injured worker complains of right ankle pain. Physical exam noted mild crepitation of bilateral hips with range of motion and tenderness along ankle joint and deltoid. The treatment plan included ankle brace, cortisone steroid injection, 12 chiropractic sessions, Tramadol and (EMG) Electromyogram studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, three times a week for four weeks to the right ankle and lower leg:
 Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 2009; 9294.2; pages 58/59: manual therapy and manipulation.

Decision rationale: The UR determination of 4/4/15 denied the request for 12 Chiropractic visits for management of right ankle and lower leg and lower leg symptoms citing CAMTUS Chronic Treatment Guidelines. The requested Chiropractic care was in conjunction with requested physical therapy; Chiropractic care was for improvement in ROM, function and strength. The 12 sessions of Chiropractic care were modified to 6 sessions in compliance with CAMTUS Chronic Treatment Guidelines. The medical necessity for 12 sessions of Chiropractic care was not supported by reviewed records or in compliance with CAMTUS Treatment Guidelines that support an initial trial of visits.