

Case Number:	CM15-0096149		
Date Assigned:	05/26/2015	Date of Injury:	03/22/2013
Decision Date:	06/30/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/19/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 a 46 year old female, who sustained an industrial injury on March 22, 2013. She reported an injury to her left foot and was diagnosed with a metatarsal fracture. Treatment to date has included left foot fusion, left foot hardware removal on March 24, 2015, and medications. Currently, the injured worker complains of having pulled muscles in her back from sleeping in odd positions. She reports that there has been no changes in her condition other than she is able to put a shoe on. The diagnoses associated with the request include left foot injury, low back pain and accidental fall. The treatment plan includes physical therapy and chiropractic therapy, medications and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic, 2 times wkly for 3 wks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, tables 12-5, 12-8, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines: Chiropractic Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; Table 12-8.

Decision rationale: According to ACOEM guidelines chiropractic and physical medicine modalities (including physical therapy) for management of patients with back complaints is supported for the first month of initial acute symptoms. The IW has had 38 PT sessions and 24 chrio sessions approved. There is no indication of repeat or new injury that would indicate that renewal of PT or chiro would be efficacious in managing initial acute symptoms. Additionally the course of treatment is usually one course following the other and not performed in tandem.

Additional Physical Therapy, 2 times wkly for 3 wks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-5, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; table 12-8.

Decision rationale: According to ACOEM guidelines chiropractic and physical medicine modalities (including physical therapy) for management of patients with back complaints is supported for the first month of initial acute symptoms. The IW has had 38 PT sessions and 24 chrio sessions approved. There is no indication of repeat or new injury that would indicate that renewal of PT or chiro would be efficacious in managing initial acute symptoms. Additionally the course of treatment is usually one course following the other and not performed in tandem. Consequently further PT for the IW's chronic pain is not supported at this time.