

<b>Case Number:</b>	CM13-0058429		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Family Medicine, and is licensed to practice in North Carolina. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant had original date of injury of 7/23/2013 when she slipped and fell on stairs at work. She sustained injury to shin and wrists. Initial imaging showed a wrist fracture and contusion on upper and lower extremities. She has had MRI of left knee which showed some fissuring of the medial patellar facet and no internal derangement. She is being treated for ongoing pain in right wrist and left knee. She is currently using a wrist splint and oral medications for pain. She has been evaluated by an orthopedist who recommended continued conservative management. The requests are for MRI of left shin, orthopedic consultation, physical therapy and chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI LEFT SHIN: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**Decision rationale:** The ACOEM chapter on knee complaints includes recommendation for MRI to evaluate various potential internal derangements of the knee. The injured worker has

had an MRI of the knee which showed fissuring of medial patellar facet and no internal derangement of the knee. There is no documentation in the chart to indicate that there are complaints localized to the lower leg/shin sufficient to require an MRI, specifically there are no masses or growths to indicate any bony abnormality. As such, MRI of the shin is not medically necessary.

**ORTHOPEDIC CONSULTATION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 274.

**Decision rationale:** The ACOEM indicates that specialty consultation is indicated when findings suggest the possibility of need for surgical intervention. In this case, the persistent pain at site of wrist fracture does indicate a need for evaluation by an orthopedic specialist. The medical record already contains a report from an orthopedic specialist assessing this issue and there is no documentation in the primary treating physician's records or in the specialist's consult report to indicate a need for a second orthopedic referral. As such, this request for orthopedic consultation is not medically indicated.

**CHIROPRACTIC X 6:** 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): pp 58-60.

**Decision rationale:** The California MTUS indicates that manual therapy such as chiropractic manipulation is widely recommended for chronic pain if caused by certain musculoskeletal conditions. It is considered an option for low back pain with a trial of six visits over 2 weeks which, if there is evidence of functional improvement, can be extended to 18 visits over 6-8 weeks. It is not medically indicated for maintenance or ongoing care. For flares of symptoms, if return to work has been achieved, then 1-2 visits every 4-6 months are indicated. However, manual manipulation is not medically indicated for ankle, foot, carpal tunnel, forearm, wrist, hand or knee conditions. In this case, the ongoing complaints are wrist and knee pain and manual manipulation (chiropractic) is not medically indicated.

**PHYSICAL THERAPY X 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical therapy.

**Decision rationale:** The California MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by a therapist, then the patient is expected to continue active therapies at home in order to maintain improvement levels. The ODG specifically includes instructions for clinical assessment after a six visit clinical trial of physical therapy. Physical therapy is indicated in this case but the 8 requested sessions exceed the ODG guidelines, which require clinical reassessment after six visits. Therefore, the request is not medically necessary.

**Pain Management Consultation:** 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 CHAPTER 7. Decision based on Non-MTUS Citation ACOEM: Independent Medical Examinations and Consultations Chapter, Chapter 7.

**Decision rationale:** The ACOEM indicates that speciality consultation is indicated when further assistance with diagnosis or treatment options is needed. The medical records submitted for review do not contain any rationale for a pain management visit. The treatment plan includes assessment by orthopedic surgeon and recommendations for physical therapy with a plan to follow up with surgeon after the physical therapy to reassess any need for surgical intervention. There is no indication in the primary treating physician's records or the orthopedic surgeon's records that referral to a pain management specialist is medically indicated. The request is not medically necessary.