

Case Number:	CM13-0033806		
Date Assigned:	06/06/2014	Date of Injury:	11/25/2012
Decision Date:	02/04/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/10/2013

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. The expert reviewer is a licensed Chiropractor (DC) and Acupuncture and is licensed to practice in California. 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/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:

This 58 year old female sustained a work related injury on 11/25/2012. According to a comprehensive report dated 07/23/2013 the injury occurred while she was bending down cleaning some eggs that had spilled on the floor when a metal rack packed with eggs and weighing approximately 500 pounds struck her back. The force of the impact threw her forward into the floor. She tried to break the fall with her hands and landed face down and struck both knees on the floor. She subsequently complained of pain in the hands, fingers, low and mid back, left shoulder and both knees. An x-ray of the left hand revealed a fracture. The radiology report was not submitted for review. According to the provider an MRI of the left hand and left knee revealed torn tendons of the left hand. She underwent surgery on 04/08/2013 of the left hand. The operative report was not submitted for review. She continued with pain in her back, left hand and left knee. Current complaints included left shoulder pain with pain radiating to the arm as well as the neck. Movement of her neck or left shoulder as well as reaching, pushing, lifting and carrying increased the pain. She also reported pain in the left wrist, hand and fingers. Pain radiated out to the arm. There was associated swelling of the left hand and left upper extremity. Symptoms were increased with lifting, carrying, gripping and grasping. Pain was rated an 8 on a scale of 0-10. The injured worker complained of back pain that was increased with prolonged walking, standing, getting out of bed, bending, twisting, lifting and carrying over 6 pounds. Pain was rated an 8 on a scale of 0-10. Left knee pain was also reported. She was unable to squat on that knee and symptoms increased with walking and going up and downstairs. Pain was rated a 4 on a scale of 0-10. Physical examination revealed tenderness to palpation over the left wrist, hand and thumb. Swelling was evident as well as wasting over the thenar and hypothenar musculature. Well healed surgical scars were noted. There was tenderness to palpation over the left SI joint and left buttocks. Muscle spasms were palpable over L1-L5.

There was discomfort with patellar pressure on the left. Passive extension of the left knee was performed with discomfort. McMurray's was positive on the left. Diagnoses included lumbar spine sprain/strain, left knee sprain/strain, left hand status post-surgery with possible reflex sympathetic dystrophy and diabetes on metformin. The injured worker remained temporarily totally disabled. Recommendations included orthopedic consultation regarding the left knee. The provider noted that the injured worker was an excellent candidate for a series of stellate ganglion blocks. She was provided a prescription for physical therapy. A urinalysis was ordered. A prescription of analgesic creams was given and she was educated on a series of home exercises and injury prevention mechanisms. The provider noted that the injured worker had received physical therapy for the right hand and right knee which resolved the pain. She also received 3 sessions of acupuncture for the left hand and left knee with increased pain. Acupuncture and physical therapy treatment notes were not submitted for review. A handwritten progress report dated 09/10/2013 was illegible. There were no radiographic imaging reports submitted for review. On 09/18/2013 Utilization Review non-certified the request for Physio Therapy 2 x week x 4 weeks for the left knee/lumbar. The request was received on 09/11/2013. The rationale for the decision was not included in the documentation submitted for review. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio Therapy 2xweek x 4weeks left knee/lumbar: 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 Physical Medicine Page(s): 98 and 99.

Decision rationale: Evidenced based guidelines for physical medicine allow for fading of treatment frequency plus active self-directed home medicine. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There is no documentation of the total number, duration, and frequency of physiotherapy treatment rendered. There is also no documentation on a transition to an active home directed treatment. Therefore further physiotherapy is not medically necessary.