

Case Number:	CM13-0006463		
Date Assigned:	12/11/2013	Date of Injury:	11/05/2009
Decision Date:	07/11/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/02/2013

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 Board Certified in Occupational Medicine 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:

The patient is a 53-year-old male who has submitted a claim for Reflex Sympathetic Dystrophy of the Upper and Lower Limb, Pain in Soft Tissues of Limb, Lesion of Ulnar Nerve, and Carpal Tunnel Syndrome, associated with an industrial injury date of November 5, 2009. Medical records from 2010 through 2014 were reviewed, which showed that the patient complained of chronic right wrist and elbow pain described as dull, burning, and pressure-like. Pain was reported to be 10/10 without medications and 4/10 with medications. On physical examination, respiratory, skin, mental status, and general neurologic exam findings were unremarkable. Examination of the cervical, thoracic, and lumbosacral examination was unremarkable also. Motor strength was decreased in the right upper extremity. Sensation to pinprick was decreased in the right C5, C6, and C7 distribution. Sensation to light touch was decreased in the right upper extremity. Pulses were normal in all extremities. Treatment to date has included medications, right lateral epicondylar release, right elbow platelet-rich plasma injection, right cubital tunnel release with carpal tunnel release, eleven right stellate ganglion block injections, gym exercises, home exercise program, physical therapy, epidural steroid injections, and massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSERVATIVE CARE/ OBSERVANT MANAGEMENT: 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 9792.24.2, CRPS, Treatment Page(s): 40-41.

Decision rationale: According to pages 40-41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a hierarchy of options is recommended for treatment of CRPS. Recommendations include rehabilitation, psychological treatment, and pain management. In this case, the patient was diagnosed to have Reflex Sympathetic Dystrophy. However, the present request did not specify the intended modalities for conservative or observant management. Although conservative management may be appropriate, the intended treatment options must be specified in order to determine medical necessity. Therefore, the request for conservative care/observant management is not medically necessary.

GYM MEMBERSHIP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Gym Memberships.

Decision rationale: Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that gym memberships are not recommended unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, the medical records showed that the patient was doing home and gym exercises but there was no evidence of failure of these exercise programs. Furthermore, there was no discussion regarding the need for certain gym equipment and whether treatment will be monitored or administered by a health professional. There is no clear indication for gym membership. Therefore, the request for gym membership is not medically necessary.