

Case Number:	CM13-0007826		
Date Assigned:	09/12/2013	Date of Injury:	08/03/2012
Decision Date:	01/13/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/06/2013

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 Physical Medicine and Rehabilitation 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 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.

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 underlying date of injury in this case is 08/03/2012. The primary treating diagnosis is 337.2/reflex sympathetic dystrophy. Physician notes report the diagnoses of bilateral knee contusions, bilateral wrist sprain, and a left wrist contusion versus sprain. The mechanism of injury is that the patient fell onto her left arm, wrist, elbow, left hip, hand, right hand, lower back, and left thigh when the floor was slippery. An agreed medical examiner's report of 08/05/2013 is extremely detailed and outlines the diagnoses of a cervical sprain, complex regional pain syndrome of the left upper extremity, and status post an injection of a local anesthetic and steroid into the glenohumeral joint and subacromial space of October 2012. That physician notes that the patient planned to defer a stellate ganglion block pending a rheumatology consult. The physician also notes that performing daily active exercise is most important and that the patient would benefit from additional physical therapy to the cervical spine and left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left shoulder, #16: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, states, "Reflex sympathetic dystrophy: 24 visits over 16 weeks." Additionally, the same guidelines, page 98, states, "Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in complex regional pain syndrome. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes." The treatment guidelines in this case, therefore, encourage active therapy in order to reduce the long-term complications of complex regional pain syndrome. The goals recommended by the guidelines could not be achieved primarily through an independent rehabilitation program. In this case, supervised physical therapy is specifically encouraged by the guidelines consistent with the treatment plan outlined by the treating physician. This request is medically necessary.