

<b>Case Number:</b>	CM13-0021963		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 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 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 applicant is a represented [REDACTED] employee who has filed claim for chronic wrist pain and reflex sympathetic dystrophy of the upper limb reportedly associated with an industrial injury of January 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications, including Norco; topical agents, including Catapres; stellate ganglion block; adjuvant medications, including Neurontin; right carpal tunnel release surgery; and extensive periods of time off of work. In a utilization review report of September 12, 2013, the claims administrator apparently denied a request for 18 sessions of occupational therapy, noting that the applicant had already had 18 sessions of treatment to date. A prior utilization review report of June 18, 2013 is in fact notable for comments that the applicant has had 12 sessions of occupational therapy to date. A medical progress note of July 9, 2013 is notable for comments that the applicant is reportedly "disabled." She reports 9 to 10/10 pain. She is reporting only marginal measures of medications, it is stated. She is somewhat overweight with a BMI of 30. She is asked to pursue additional physical therapy while continuing to employ Norco and Catapres for pain relief. An earlier note of July 1, 2013 is notable for comments that the applicant was pursuing stellate ganglion blocks and remained off of work, on total temporary disability, as of that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy (OT) three (3) times a week for six (6) weeks for the right shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine treatment Page(s): 130.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98 & 99.

**Decision rationale:** While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse an overall course of 24 sessions of treatment for the diagnosis of reflex sympathetic dystrophy, seemingly present here, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines states that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant has already had 18 prior sessions of treatment. Not only with further treatment represent treatment beyond the MTUS-endorsed course, in this case, there is no evidence of functional improvement as defined in section 9792.20f so as to justify such treatment beyond the guideline. The applicant has failed to return to work. The applicant remains highly reliant on various treatments, including analgesic medications, adjuvant medications, stellate ganglion blocks, etc., all of the above, taken together, imply a lack of functional improvement with prior physical therapy. Therefore, the request is not certified.