

Case Number:	CM13-0039574		
Date Assigned:	12/20/2013	Date of Injury:	01/07/2011
Decision Date:	04/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal Medicine and is licensed to practice in New York. 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 52 year old female with a date of injury of 01/07/2011. Due to repetitive trauma she had right carpal tunnel syndrome and right upper extremity complex regional pain syndrome (reflex sympathetic dystrophy). On 12/26/2012 she felt like her right upper extremity was crippled. She had pain, spasm and limited range of motion of her right arm. She was able to make a fist and extend her fingers. On 03/21/2013, 6 physical therapy visits were certified. On 04/30/2013 six more physical therapy visits were certified. She continued to have a cold right upper extremity with limited range of motion. On 05/07/2013 she was wearing a sock over her right forearm and wrist. 6 additional physical therapy visits were certified. On 09/03/2013 she could not abduct he right shoulder past 45 degrees. Her right arm was dystrophic and had a tremor. She had severe myofascial pain and restriction. Additional physical therapy for 6 visits was requested in 09/2013 and was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, SIX SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California MTUS Chronic Pain under Complex Regional Pain Syndrome (CRPS) page 99 and ODG 2014 both provide a maximum of 24 visits of physical therapy over 16 weeks. Complex regional pain syndrome of the right upper extremity was diagnosed in 2011. The patient has already been treated with physical therapy for longer than allowed for the acute CRPS; she has had years of physical therapy. She completed a functional restoration program in 10/2012. It is unclear how many courses of physical therapy she has completed. In 2013 she had at least 18 physical therapy visits. Also for further physical therapy there must be objective documentation of functional improvement in the ability to do activities of daily living or at least some functional improvement in strength or range of motion. This is not documented. Actually, the opposite is documented. She has failed physical therapy and stellate ganglion nerve blocks. She continues to have severe pain. She had limited function of the right hand, wrist and arm. She has difficulty initiating movement of the hand and wrist because of pain. By this point in time she should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy is superior to a home exercise program at this point in time.