

<b>Case Number:</b>	CM13-0041316		
<b>Date Assigned:</b>	02/25/2014	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Family Medicine and is licensed to practice in North Carolina. 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 reported an injury date of 08/09/2010. The mechanism of injury was crush injury from slamming the right thumb in the trunk of a car with extrication taking over 5 minutes. The patient's diagnosis include complex regional pain syndrome, limb pain, chronic pain syndrome, insomnia, status post spinal cord stimulator and anxiety. Treatment modalities have included medication, neuropsychology, acupuncture, spinal cord stimulator, physical therapy and occupational therapy and right stellate ganglion block. On 9/6/2013, her primary treating physician requested additional physical therapy sessions. During progress notes dated on 09/06/2013, the patient subjectively reported that pain medications were not working anymore. Physical exam noted decreased sensation of the right medial aspect of the thumb, alloyndia, no muscle atrophy and 5/5 strength. Treatment plan included the addition of Clonidine, discontinuing Topamax, continue Cymbalta, physical therapy (PT) referral, continue acupuncture, neuropsychology referral and continue home exercise. A certification request dated 09/18/2013 for additional session of physical therapy was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2X8 FOR RIGHT UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

**Decision rationale:** The California MTUS recommend physical therapy for complex regional pain syndrome (CRPS) be done a total of 24 sessions over 16 weeks. This patient had a date of injury of 08/09/2010. The request for additional physical therapy is not only past the 16 weeks from date of injury, there is no indication of how many prior physical therapy session the patient had received. There is also no indication whether prior physical therapy had been successful in pain reduction or improvement of function. Therefore, the request for additional physical therapy is not warranted.