

<b>Case Number:</b>	CM13-0052433		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/09/2006
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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:

According to the medical records, the patient is a 61-year-old male who sustained an Industrial injury on December 9, 2006. The patient has been diagnosed with complex regional pain syndrome. The patient was examined on April 30, 2013. The visual analog scale (VAS) was 9/10. He reported using alcohol occasionally, 4-5 beers per week. He quit smoking in 1962. Current medications were Norco 10-325 mg 13 times a day, Oxycontin 20 mg twice a day, Gabapentin 400 mg three times a day, and zolpidem 12.5mg once nightly. On examination, the right wrist was in a brace. The right hand was cooler than the left hand. The fingers lacked 50% range of motion. The skin was slightly mottled. The right arm and hand were sensitive to touch. The treatment plan was to continue the current medications. A functional restoration program, aquatic resistance therapy, spinal cord stimulator lead evaluation with cervical x-rays and transportation to medical appointments was recommended. The report noted that the patient was homeless and did not have a road worthy automobile. A prior peer review was completed on June 27, 2013. The appeal for a comprehensive multidisciplinary assessment and aquatic resistance therapy 2-3 times per week for 6 months were non-certified. It was noted that the patient has not failed all potential methods of treating his pain. The patient was examined on September 10, 2013. It was noted that the patient's De Royal Dynamic Brace needed professional adjustment and new pads. Pain was rated 9/10. The examination noted that the skin appearance was normal. The psychiatric evaluation was normal. He was diagnosed with complex regional pain syndrome (CRPS) and closed fracture of the wrist. The medications were refilled. The treatment plan was to await authorization for revision of the spinal cord stimulator. A prescription dated September 10, 2013 recommended DeRoyal replacement pad changes twice monthly for a diagnosis of CRPS. An RFA dated September 10, 2013 requested replacement pads as needed. A request for additional information was sent by the utilization review nurse to

██████████ on October 16, 2013. Clarification as to how many months the service was for was requested. The requested information was not received. A report dated November 04, 2013 from ██████████ indicates that the patient is suffering skin breakdown in the skin of the wrist because of the recent denial for replacement pads for the dynamic wrist brace, and the fact that he is making his own pads. Pain is rated 9/10 and increases to 10/10. Weakness and numbness are noted. The right hand is cooler than the left. There are excoriations of the skin on the ulnar side of the ventral wrist. The patient is felt to have a permanently damaged wrist with CRPS. Treatment has included multiple stellate ganglion blocks, thoracic sympathectomies, spinal cord stimulation (SCS), medications, and physical therapy. His pain is not controlled. He is requesting a refill of medications and is taking medications as prescribed. Medications have to reduce pain and facilitate activities of daily living (ADLs). He has signed a controlled substance agreement. He has also undergone random urinary drug screening (UDS). It is noted that the dynamic brace needs professional adjustment and new pads. He is referred in that regard. This treatment was previously denied by Utilization Review (UR), but it is noted that that review did not reference any guidelines for treatment of a "permanently damaged wrist in a limb with CRPS." The report also did not clarify how to treat the chronic Injury. The patient now has skin breakdown from the self-made pads that he is using instead of the custom pads. He is at risk for an infection. He has been referred to this office for a comprehensive approach. A comprehensive multidisciplinary assessment was not authorized. Cervical spine x-rays to evaluate the SCS leads are pending. The multidisciplinary assessment was not authorized given that with revis

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Replacement soft pads for DeRoyal Dynamic Wrist Brace for the right wrist two (2) times per month, as needed:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, & Hand Chapter, Dynasplint.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC-Knee & Leg (Acute & Chronic) (updated 01/20/14), Static progressive stretch (SPS) therapy.

**Decision rationale:** The Official Disability Guidelines indicate that static progressive stretch therapy is recommended, and it uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. The patient has a diagnosis of complex regional pain syndrome (CRPS), and has reportedly been using a De Royal Dynamic Wrist Brace for some time. According to the company website, this wrist brace uses static progressive stretch therapy. The guidelines allow for the use of this device for up to eight (8) weeks in the treatment of joint stiffness and contracture. Long term use of this type of brace would not be supported. In addition, the medical records do not establish that prior use has resulted in functional improvement. As this brace would no longer be indicated for the patient's condition, the requested replacement pads would not be needed.

