

<b>Case Number:</b>	CM13-0052627		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/22/2012
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/31/2013
<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 Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 patient is a 45 year old female who reported an injury on 11/22/2012 after she transferred a patient from a hospital bed to a gurney and reportedly sustained an injury to her cervical spine and left arm. The patient was treated conservatively with medications and physical therapy that did not provide significant relief. The patient was evaluated by a neurologist who could not confirm a diagnosis of complex regional pain syndrome. The patient was again evaluated on 12/19/2013 which revealed diffuse weakness of the left upper extremity with temperature changes in the finger tips when compared to the right hand and swelling with discoloration of the left upper extremity. The patient was diagnosed with left cervicothoracic and shoulder pain, myofascial contracture through the neck, shoulder, elbow, wrist, and digits of the left upper extremity, and complex regional pain syndrome. The patient's treatment plan included cognitive behavioral therapy, stellate ganglion blocks, continuation of medications, and occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 3x4, Upper Extremity, C- Spine: Upheld**

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

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

**Decision rationale:** The requested occupational therapy 3 x 4 for the upper extremity and cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously received physical therapy that was not effective in the management of the patient's pain. However, since that therapy the patient has developed complex regional pain syndrome. California Medical Treatment Utilization Schedule recommends up to 24 visits of physical therapy for the diagnosis of complex regional pain syndrome. However, Official Disability Guidelines recommend a 6 visit clinical trial to establish efficacy of this treatment modality. As the patient has previously undergone this type of therapy without a significant response, a trial would be appropriate. However, the requested 12 treatments exceed this recommendation. As such, the requested occupational therapy 3 x 4 for the upper extremity and cervical spine is not medically necessary or appropriate.