

<b>Case Number:</b>	CM13-0059725		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation 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 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:

This is a 44-year-old female with a date of injury of 4/28/11. She has a mechanism of injury of repetitive work as a cook. She developed right De Quervain's Tenosynovitis, and subsequently underwent a DQTS release surgery. Following surgery, the patient developed symptoms suggestive of a CRPS. The patient has had prior stellate ganglion block as well as PT. On 9/23/14, another right stellate ganglion block was done on 9/23/13 with good response. 24 sessions of PT were requested following the block and this was submitted to Utilization Review. On 11/12/13, the UR physician determined that 6 sessions were appropriate, and recommended treatment modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **24 PHYSICAL THERAPY SESSIONS, TWO TIMES PER WEEK FOR 12 WEEKS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Chronic Pain Medical Treatment Guidelines Physical Medicine, CRPS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine, CRPS Page(s): 98-99 page(s) 98-99 pages 35-41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical/Occupational therapy.

**Decision rationale:** The guidelines do note that therapy/rehabilitation is a key treatment for the diagnosis of CRPS. The CA MTUS recommends up to 24 sessions of PT over 16 weeks for a diagnosis of CRPS. In this case, the patient had a recent stellate ganglion block and post-injection PT was recommended. That said, this was not the first stellate ganglion block, or first referral to PT. The UR physician recommended an initial 6 sessions of PT with further PT considered upon evidence of functional benefit. Given that the patient has already had extensive prior treatment, including PT, a full 24 session course is not justified. Treatment modification of an initial 6 sessions, as recommended by the UR physician was appropriate. PT x 24 was not medically necessary.