

<b>Case Number:</b>	CM13-0068586		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 49 year old female with a work injury dated 2/8/12. The diagnoses include chronic pain secondary to reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, and wrist strain. Under consideration is a request for an additional functional restoration for the right wrist, 10 sessions. There is a primary treating physician report dated 11/19/13. The patient is having constant pain in her right hand. It is a 6 on a scale of 0 to 10. She is having radiating, cramping pain. She is still having some pain and problems sleeping at night. She reports that she has 40 to 60% relief with acupuncture. It has been helpful. She has difficulty with pushing, pulling and reaching. At this particular time, the patient reports she has problems getting to sleep at night and anxiety. She has moderate difficulty with bathing, cooking, cleaning and dressing. She has difficulty with sleeping. She has decreased mood. She has problems with headaches. She has numbness and tingling of hands. She has a burning sensation in her hands has been an ongoing problem. She has decreased sleep. Otherwise, all other systems reviewed are negative except for chief complaint. On exam, there is no warmth to palpation. There is no crepitus with passive range of motion of the shoulder. There is a well healed surgical scar in the proximal palmar crease. There is severe atrophy of the right thenar eminence. There is limited strength of the hand due to pain, positive allodynia. There is fusiform swelling in digits 1 through 5 in the hands bilaterally as well as trigger points palpated in the biceps tendon and upper and lower trapezius. The treatment plan here is to continue to focus on specific strategies to maximize her ability to cope with pain as well as exercises for relaxation with physical therapy focusing: on desensitization in order to get the patient's hypersensitivity under control. There is a request for 10 additional sessions. There is an 11/6/13

document that states that there was a previous request for 10 additional sessions, but at this time the patient's functional recovery has been slower than expected. Based on the complexities of her condition there is a recommendation for 16 additional sessions for a total 36 sessions. The additional session would be appropriate in order to maximize her ability to function at the highest possible level, as well as to avoid any invasive procedures or loss of functional gains up to this point.

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

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

#### **ADDITIONAL FUNCTIONAL RESTORATION PROGRAM FOR THE RIGHT WRIST, TEN SESSIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management programs Page(s): 31-32.

**Decision rationale:** Additional functional restoration program for the right wrist, 10 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. The guidelines state that integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The documentation indicates that the patient has had at least 20 sessions of a functional restoration program but the documentation does not indicate significant functional improvement to warrant exceeding the guideline recommendations of up to 30 visits. Therefore, the request for additional functional restoration program for the right wrist, 10 sessions is not medically necessary.