

Case Number:	CM13-0069193		
Date Assigned:	03/03/2014	Date of Injury:	02/08/2013
Decision Date:	10/20/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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 injured worker is a 24 year old male who sustained an injury to his right hand/wrist on 02/08/13. Mechanism of injury was not documented (written in Spanish). MRI of the right hand dated 05/17/13 was unremarkable. MRI of the right wrist on this date was also unremarkable. Clinical note dated 11/12/13 was handwritten and difficult to decipher. The injured worker complained of constant right hand burning/tingling pain. Lately symptoms had been spreading to the right upper extremity. Physical examination noted positive hyperalgesia and positive allodynia. The injured worker was not tolerating Gabapentin and was changed to Lyrica. The injured worker was to remain off work until 12/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Occupational Therapy for The Right Hand and Wrist: Upheld

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

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

Decision rationale: The request for six visits of occupational therapy for the right hand/wrist is medically necessary. Previous request for 16 visits was partially certified for six visits on the

basis that the injured worker reportedly has vasomotor changes, allodynia, swelling and hypersensitivity of the right wrist with the diagnosis of complex regional pain syndrome. The injured worker initially reportedly had six weeks of physical therapy without benefit; however, therapy is important for treatment of complex regional pain syndrome and the injured worker may benefit with physical therapy along with a stellate ganglion block. Reportedly, symptoms are spreading to the right lower extremity. The injured worker failed treatment with previous physical therapy and medications. Trial of stellate block was indicated as medically appropriate along with physical therapy to help improve function. After reviewing the submitted documentation, there was no additional significant objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for six visits of occupational therapy for the right hand/wrist is not indicated as medically necessary.