

Case Number:	CM14-0026282		
Date Assigned:	06/16/2014	Date of Injury:	04/02/2012
Decision Date:	07/21/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine 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:

The claimant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of April 2, 2012. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; multiple stellate ganglion blocks; and earlier cervical spine surgery. In a November 21, 2013 progress note, the claimant was described as reporting persistent multifocal wrist and upper extremity pain. The claimant was described as a reasonable candidate for a spinal cord stimulator. The claimant was still using a variety of opioid and non-opioid agents, including morphine, Elavil, Oxycodone, and Celebrex. Overall pain ranged from 9/10 to 10/10. The claimant was severely obese, with BMI of 43. Diminished grip strength was noted about the right hand, scored at 4/5, with associated hyposensorium also appreciated. A variety of medications were refilled, including morphine, Neurontin, Elavil, Oxycodone, Celebrex, and Prilosec. Spinal cord stimulator and/or stellate ganglion blocks were suggested. The claimant's work status was not detailed; however, it did not appear that the claimant was in fact working. In an earlier note of September 10, 2013, it was noted that the claimant had permanent limitations in place. On January 23, 2014, the claimant was described as having persistent complaints of hand pain and weakness. Weakness about the muscles in the ulnar nerve distribution was appreciated. The claimant was asked to obtain occupational therapy to improve activities of daily living, obtain a spinal cord stimulator, and follow up in three months. A February 16, 2014 progress note is notable for comments that the claimant had persistent complaints of pain, ranging from 9-10/10, with associated scarring and allodynia appreciated about the right arm. Right hand grip strength was diminished, at 4/5. It is stated that the claimant was severely depressed. A variety of medications were refilled. In a Utilization Review Report dated January

31, 2014, the claims administrator denied a request for 12 sessions of occupational therapy for the hand, stating that the claimant should be capable of performing independent home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY THREE (3) TIMES FOUR (4) FOR RIGHT HAND / WRIST: Overturned

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, state that active therapy, active modalities, and applicant-specific hand therapy is very important in the chronic pain phase of an injury. In particular, hand therapy, i.e., the occupational therapy being proposed here, is deemed very important in reducing swelling, decreasing pain, and improving range of motion in applicants with CRPS. In this case, the claimant has a diagnosis of CRPS. The MTUS Chronic Pain Medical Treatment Guidelines does support an overall course of 24 sessions of treatment for the diagnosis of CRPS, as is present here. The claimant has fairly profound deficits about the hand, particularly in terms of strength. Additional occupational therapy is indicated. Therefore, the request for occupational therapy three times week for four weeks for the right hand and wrist is medically necessary and appropriate.