MAXIMUS Federal Services

Case Number:	CM14-0027913		
Date Assigned:	09/18/2014	Date of Injury:	03/08/2011
Decision Date:	11/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a cumulative trauma work-related injury with a date of injury of 03/08/10 with left greater than right-sided numbness in both hands. EMG/NCS testing showed findings of bilateral carpal tunnel syndrome. Treatments included physical therapy with temporary relief and carpal tunnel injections with six weeks of improvement. On 09/19/13 the claimant underwent a left carpal tunnel release and De Quervain's release. She had a worsening of symptoms after surgery and developed left hand swelling with temperature and color changes and hypersensitivity. Treatments included medications and additional physical therapy. She was seen on 01/10/14 with ongoing symptoms. She had a diagnosis of RSD. Physical examination findings included tenderness, hypersensitivity, decreased range of motion, symptoms of neuralgia, and fingers stiffness. Recommendations included occupational therapy two times per week for six weeks. On 02/05/14 medications were metformin, citalopram, Ambien, Norco 10/325 mg two times per day, Tramadol 50 mg every eight hours, and Gabapentin/L-carnitine 250/125 mg three times per day. The claimant was having difficulty sleeping and her diabetes had worsened. On 06/25/14 she was seen for a pain management evaluation. Her history of surgery and subsequent treatments were reviewed. Medications were Norco 10/325 mg two times per day and Neurontin 600 mg two times per day. Physical examination findings included appearing in mild to moderate distress. She had guarding of the left upper extremity and hand which was a limiting factor during the evaluation. She was unable to tolerate sensory testing due to hypersensitivity. She had discoloration of the hands and fingers. She had positive Finkelstein testing with tenderness and atrophy. She was diagnosed with probable CRPS. Authorization for a cervical sympathetic block was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week times 6 weeks for the left hand and wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 21. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, CRPS, treatment (2) Chronic Pain, Physical medicine treatment

Decision rationale: The claimant is more than 2 years status post work-related injury. She underwent a left carpal tunnel release in September and is now being treated for probable left upper extremity CRPS.The rehabilitation of a patient with CRPS should include physical modalities with desensitization, isometric exercises, resisted range of motion, and stress loading, a flexibility program with active range of motion and stretching, and edema control if required. Therapy may be facilitated by use of medications and through interventional care. Guidelines recommend up to 26 visits over 16 weeks in the treatment of CRPS. Therefore, the requested 12 treatment sessions over 6 weeks was medically necessary.