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| <b>Case Number:</b>   | CM14-0029164 |                              |            |
| <b>Date Assigned:</b> | 06/16/2014   | <b>Date of Injury:</b>       | 06/22/1998 |
| <b>Decision Date:</b> | 07/30/2014   | <b>UR Denial Date:</b>       | 02/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/06/2014 |

### 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 Interventional Spine, 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 patient is a 66-year-old male with an injury date of 06/22/98. Based on the 02/05/14 progress report provided by the provider, the patient complains of left upper extremity pain secondary to reflex sympathetic dystrophy. The patient notes sweating, swelling, and cold sensations. The patient also has burning and numbness that radiates from his fingers through the left shoulder. The patient diagnoses include long-term use meds NEC, dystrophy reflex sympathy up, and pain in joint hand. The provider is requesting for twelve sessions of occupational therapy (two times a week for six weeks) for the left hand. The utilization review determination being challenged is dated 02/25/14. The provider is the requesting provider, and he provided two treatment reports from 02/05/14 and 02/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy, two (2) times a week for six (6) weeks, left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Pain Outcomes and Endpoint Page(s): 98-99, 8.

**Decision rationale:** According to the 02/05/14 report by the provider, the patient presents with left upper extremity pain secondary to reflex sympathetic dystrophy. The request is for Occupational therapy, two (2) times a week for six (6) weeks, left hand. The 02/13/14 report states that the patient does recall benefit in the past from the therapy but he currently feels that his symptoms are too severe now to benefit from further therapy. The patient is worried that physical therapy would be too painful for him and would not benefit him. However, there is no indication that the patient had any recent physical therapy. The CA MTUS guidelines states that for reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks are recommended. In this case, the treating physician has asked for twelve total sessions of therapy for the patient's left hand. There is mention that the patient has had therapy in the past with some benefit. The patient is currently afraid of undergoing additional therapy and the treater does not address the patient's motivation issues. The treating physician does not discuss whether or not therapy as this point will be beneficial given the patient's fear. The MTUS requires that the treating physician monitor the patient's progress and make appropriate recommendations. While a short course of therapy may be reasonable, it is not certain that this patient will be able to tolerate or benefit from twelve sessions of therapy. As such, the recommendation is for denial.