

Case Number:	CM14-0041318		
Date Assigned:	06/20/2014	Date of Injury:	05/17/2011
Decision Date:	07/17/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 48-year-old with a reported date of injury of 05/17/2011. The patient has the diagnoses of complex regional pain syndrome, carpal tunnel syndrome, disorder of the left shoulder, biceps tenodesis, enthesopathy of the left elbow region and cadaveric tendon transplant. Treatment modalities have included surgery, physical therapy and medications. Progress notes from the primary treating physician dated 06/16/2014 notes the patient reports continuing improvement in strength in the left upper extremity and increased activity tolerance. Physical exam showed diminished light sensation touch in C7 dermatomal distribution, tenderness over paraspinal muscles overlying the facet joints on the cervical spine, muscle spasms and trigger point in the trapezius, decreased range of motion in the left shoulder and muscle atrophy noted in the flexor carpi ulnaris with joint swelling over the left wrist. Treatment plan included multi-disciplinary evaluation and continued medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy (left shoulder/elbow) two (2) times a week for three (3) weeks:
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 California MTUS makes the following recommendations concerning physical medicine and the treatment of chronic pain: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006). The recommended guidelines for physical therapy and complex regional pain syndrome are 24 visits over 16 weeks. The primary treating physician's documentation states the patient has already completed more than 20 sessions of physical therapy. These additional requested sessions would put the total number of sessions in excess of the guidelines and are thus not certified.

Hydrocodone/APAP 5/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

Decision rationale: The California MTUS does list opioids as an acceptable choice for stimulus-independent pain associated with complex regional pain syndrome. The California MTUs also recommend continued use of opioids when there is a documented return to work or if the patient has improving function or improvement in pain. Documentation from the primary treating physician notes both improvement in function and the patient's pain level, thus the medication is certified.