

<b>Case Number:</b>	CM14-0196783		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for causalgia of the upper limb reportedly associated with an industrial injury of April 5, 2012. In a Utilization Review report dated November 12, 2014, the claims administrator failed to approve a request for 8 sessions of physical therapy for the bilateral wrists. The claims administrator referenced an October 27, 2014 office visit in its denial. The claims administrator stated that the applicant was status post a left superficial radial nerve release surgery on February 4, 2014. The claims administrator noted that the applicant also had superimposed issues with hypothyroidism and insomnia. The applicant's attorney subsequently appealed. In a June 20, 2014 office visit, the applicant reported ongoing issues with wrist intersection syndrome and bilateral superficial radial neuralgia. The applicant was struggling to use her hands for most tasks. The applicant had reportedly filed for State Disability Insurance (SDI). The applicant was also filing for short- and long-term disability through various other parties, including [REDACTED], [REDACTED], and [REDACTED]. Work restrictions were endorsed, effectively resulting in the applicant's removal from the workplace. The applicant was tearful and having issues with allodynia and hyperalgesia. The applicant's medication list included Levoxyl, Prometrium, Vivelle, vitamins, and Ambien. On August 4, 2014, the applicant again reported ongoing complaints of hand and wrist pain. The applicant had multiple palpable tender points. The applicant was visibly tearful. The applicant was placed off work. The applicant was in the process of applying for long-term disability owing to chronic pain issues and emotional distress issues. On September 15, 2014, 6 sessions of acupuncture were sought. The applicant was using Pamelor, topical Flector, and topical Lidoderm for pain relief. The applicant had reportedly failed Elavil, Desipramine, Cymbalta, and Neurontin. The applicant was kept off work on this occasion as well. Physical therapy was later sought on October 27, 2014. The applicant was

again placed off work. The applicant was having difficulty completing activities of daily living as basic as household chores and housework.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy once (1) a week for eight (8) weeks for bilateral wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 98-99, 8.

**Decision rationale:** While page 98-99 of the MTUS Chronic Pain Medical Treatment Guidelines do acknowledge the importance applicant-specific hand therapy and also suggest a general course of 24 sessions of treatment for applicants with complex regional pain syndrome/reflex sympathetic dystrophy, i.e., the diagnosis seemingly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off work. The applicant remains dependent on various and sundry medications, including Ambien, Lidoderm patches, Flector patches, Pamelor, etc. The applicant is still having difficulty performing activities of daily living as basic as household chores owing to ongoing complaints of hand and wrist pain. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.