

Case Number:	CM15-0162214		
Date Assigned:	08/28/2015	Date of Injury:	01/07/2014
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker was a 43 year old female, who sustained an industrial injury, January 7, 2014. The injury was sustained when the injured worker was pushed by an autistic client the injured was caring for. The left wrist had immediate pain and swelling. The injured worker previously received the following treatments Norco, Aciphex, Methadone, random toxicology laboratory studies which were negative for any unexpected findings, left hand x-rays, ice therapy, left wrist MRI, Left hand MRI was within normal limits, bracing, massage therapy, physical therapy and occupational therapy. The injured worker was diagnosed with complex regional pain syndrome type I of the upper limb and chronic pain syndrome. According to progress note of July 27, 2015, the injured worker's chief complaint was left wrist, hand and thumb pain. The injured worker complaint of pain left thumb in the tips of the digits of the left hand. There was complaint of radiation of the pain to the left elbow with complaint of swelling, redness and blotchiness and white discoloration. The treatment plan included a request for occupational therapy and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy evaluation left upper extremity per 7/27/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The current request is for Occupational therapy evaluation left upper extremity per 7/27/15 order. The RFA is from 07/27/15. Previous treatments include left thumb A1 pulley release on 03/26/13, right Norco left thumb A1 pulley release on 07/02/13, Aciphex, Methadone, random toxicology laboratory studies, left hand x-rays, ice therapy, left wrist MRI, Left hand MRI, bracing, massage therapy, physical therapy and occupational therapy. The patient is not working. The MTUS Chronic Pain Management Guidelines, physical medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. For Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Per report 07/27/15, the patient presents with bilateral wrist and hand pain. There was radiation of the pain to the left elbow with complaint of swelling, and redness. The patient was diagnosed with complex regional pain syndrome type I of the upper limb and chronic pain syndrome. According to QME supplemental report dated 06/09/15, the patient participated in physical therapy throughout 2009 and 2010. More recently, participation in OT/PT was noted on 06/17/14, 07/14/14, and 07/29/14-09/04/14. The exact number of completed OT visits to date and the objective response to therapy were not documented in the medical reports. In this case, the patient has participated in OT for years for the upper extremities complaints, and there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request for more treatment. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. Given the patient does not meet the indication for additional therapy, the requested OT evaluation is not necessary. This request IS NOT medically necessary.

Occupational therapy, twice weekly, left upper extremity per 7/27/15 order QTY: 12:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The current request is for Occupational therapy, twice weekly, left upper extremity per 7/27/15 order QTY: 12. The RFA is from 07/27/15. Previous treatments include left thumb A1 pulley release on 03/26/13, right Norco left thumb A1 pulley release on 07/02/13, Aciphex, Methadone, random toxicology laboratory studies, left hand x-rays, ice therapy, left wrist MRI, Left hand MRI, bracing, massage therapy, physical therapy and occupational therapy. The patient is not working. The MTUS Chronic Pain Management Guidelines, physical medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. For Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Per report 07/27/15, the patient presents with bilateral wrist and hand pain.

There was radiation of the pain to the left elbow with complaint of swelling, and redness. The patient was diagnosed with complex regional pain syndrome type I of the upper limb and chronic pain syndrome. According to QME supplemental report dated 06/09/15, the patient participated in physical therapy throughout 2009 and 2010. More recently, participation in PT/OT was noted on 06/17/14, 07/14/14, and 07/29/14-09/04/14. The exact number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the patient has participated in OT for years for the upper extremities complaints, and there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request for more treatment. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. This request IS NOT medically necessary.

Physical therapy evaluation left upper extremity per 7/27/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The current request is for Physical Therapy twice weekly left upper extremity per 7/27/15 order QTY: 12. The RFA is from 07/27/15. Previous treatments include left thumb A1 pulley release on 03/26/13, right Norco left thumb A1 pulley release on 07/02/13, Aciphex, Methadone, random toxicology laboratory studies, left hand x-rays, ice therapy, left wrist MRI, Left hand MRI, bracing, massage therapy, physical therapy and occupational therapy. The patient is not working. The MTUS Chronic Pain Management Guidelines, physical medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. For Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Per report 07/27/15, the patient presents with bilateral wrist and hand pain. There was radiation of the pain to the left elbow with complaint of swelling, and redness. The patient was diagnosed with complex regional pain syndrome type I of the upper limb and chronic pain syndrome. According to QME supplemental report dated 06/09/15, the patient participated in physical therapy throughout 2009 and 2010. More recently, participation in OT/PT was noted on 06/17/14, 07/14/14, and 07/29/14-09/04/14. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the patient has participated in OT for years for the upper extremities complaints, and there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request for more treatment. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. This request IS NOT medically necessary.

Physical Therapy twice weekly left upper extremity per 7/27/15 order QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The current request is for Physical Therapy twice weekly left upper extremity per 7/27/15 order QTY: 12. The RFA is from 07/27/15. Previous treatments include left thumb A1 pulley release on 03/26/13, right Norco left thumb A1 pulley release on 07/02/13, Aciphex, Methadone, random toxicology laboratory studies, left hand x-rays, ice therapy, left wrist MRI, Left hand MRI, bracing, massage therapy, physical therapy and occupational therapy. The patient is not working. The MTUS Chronic Pain Management Guidelines, PHYSICAL MEDICINE, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. For Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Per report 07/27/15, the patient presents with bilateral wrist and hand pain. There was radiation of the pain to the left elbow with complaint of swelling, and redness. The patient was diagnosed with complex regional pain syndrome type I of the upper limb and chronic pain syndrome. According to QME supplemental report dated 06/09/15, the patient participated in physical therapy throughout 2009 and 2010. More recently, participation in OT/PT was noted on 06/17/14, 07/14/14, and 07/29/14-09/04/14. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. In this case, the patient has participated in OT for years for the upper extremities complaints, and there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request for more treatment. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. This request IS NOT medically necessary.