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| Case Number: | CM15-0191438 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 12/30/2013 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/24/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44-year-old male with a date of industrial injury 12-30-2013. The medical records indicated the injured worker (IW) was treated for right upper arm trauma status post right transhumeral amputation and right arm phantom pain. In the progress notes (8-26-15 and 9-17-15), the IW reported phantom pain was 6 out of 10. His average phantom pain was 5 out of 10, constant and with flares. Medications for pain included Norco, Cymbalta, Nortriptyline, gabapentin, Lidocaine gel, Ibuprofen and Lyrica; the IW stated he discontinued the Norco four weeks ago. On examination (9-17-15 notes), the right upper arm amputation stump was cold to touch with minimal tenderness to palpation. Treatments included medications, home exercise, physical therapy and neuropathic therapy (4 sessions documented). The IW reported he was able to drive longer, work around the house and get out of bed and his use of his prosthesis and his phantom pain were also improved since receiving mirror therapy and neuropathic therapy. A Request for Authorization was received for neuropathic therapy, twice weekly, for the right arm (per 9-7-15 order). The Utilization Review on 9-24-15 non-certified the request for neuropathic therapy, twice weekly, for the right arm (per 9-17-15 order).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropathic therapy twice a week for the right arm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical/ Occupational therapy.

Decision rationale: MTUS and ODG state regarding arm occupational therapy, "Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self- directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved." Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 week. The treating physician has provided documentation of functional improvement from previous OT visits. This is a complex medical case involving previous transhumeral amputation and it is reasonable to approve 12 additional visits. As such, the request for Neuropathic therapy twice a week for the right arm is medically necessary.