

Case Number:	CM15-0199442		
Date Assigned:	10/14/2015	Date of Injury:	06/05/2014
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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: Family Practice

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 is a 50 year old female, who sustained an industrial injury on June 5, 2014. She reported injury to her right wrist. The injured worker was currently diagnosed as having reflex sympathetic dystrophy of upper limb, hand pain and extremity pain. Treatment to date has included nerve block, physical therapy with benefit, acupuncture with benefit and medication. On September 11, 2015, the injured worker complained of right wrist and hand pain rated as a 5 on a 1-10 pain scale with medications and as a 7 on the pain scale without medications. Her activity level was noted to be the same. Physical examination of the right elbow revealed tenderness to palpation over the lateral epicondyle. Examination of the right wrist revealed tenderness to palpation-hyperalgesia-allodynia over the radial aspect and dorsal aspect. Right wrist range of motion revealed flexion at 5 out of 60 degrees and extension at 5 out of 60 degrees. Deep tendon reflexes were normal. Grip strength testing in the right was four out of five. The treatment plan included an injection in conjunction with six visits of physical therapy, medications, diagnostic studies and right side stellate ganglion block to coincide with six visits of hand therapy for desensitization and strengthening of right hand and grip. On September 24, 2015, utilization review modified a request for hand therapy to follow stellate ganglion block quantity of six to hand therapy to follow stellate ganglion block quantity of two. A request for right side stellate ganglion block quantity of one was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy to follow stellate ganglion block Qty: 6: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, 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. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A request for right side stellate ganglion block quantity of one was authorized. The request for post procedure therapy is supported. The request for Hand therapy to follow stellate ganglion block Qty: 6 is medically necessary and appropriate.