

Case Number:	CM15-0022411		
Date Assigned:	02/12/2015	Date of Injury:	06/28/2010
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 33 year old female sustained an industrial injury on 11/3/08, with subsequent ongoing neck, lumbar spine, left hand and left shoulder pain. Treatment included medications, physical therapy and trigger point injections. In a PR-2 dated 1/9/15, the injured worker complained of ongoing left hand pain along the palmar surface with difficulty opening and closing as well as neck and left shoulder pain. The injured worker rated the pain at 6/10 on the visual analog scale. Physical exam was remarkable for left hand with tenderness over the left mid distal phalanges and palmar surface and cervical spine with tenderness to palpation to the left paraspinal, palpable twitch positive trigger points in the muscles of the head and neck and painful, restricted range of motion. Neurologic exam revealed hyperalgesia of the left hand and forearm with wasting of muscle mass of the left upper arm and thenar wasting of the left hand. The fourth and fifth fingers were curled in spasm. Current diagnoses included carpal tunnel syndrome, fibromyalgia/myositis, upper extremity CRPS type II and 1, wrist tenosynovitis, other pain disorder related to psychological factors. The injured worker received trigger point injections to bilateral shoulders during the office visit. The treatment plan included continued physical therapy two times a week for six weeks to the left and arm for CRPS, continuing activities as tolerated, continuing medications (Norco, Flector, Flexeril, Prozac and Topamax) and requesting magnetic resonance imaging left hand. On 1/16/15, Utilization Review noncertified a request for continued physical therapy 2 times a week for 6 weeks for hand and arm for CRPS noting the need to assess recent magnetic resonance imaging and lack of documentation of objective improvement following previous physical therapy and citing CA MTUS Chronic Pain Medical

Treatment Guidelines and ACOEM Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 times a week for 6 weeks for hand and arm for CRPS:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22,46-47,96-99. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized for the treatment of musculoskeletal pain. Physical therapy treatment can result in reduction in pain, increase in range of motion and functional restoration. The records indicate that the patient was diagnosed with CRPS of the upper extremity. The limitation of function that can be associated with CRPS can be prevented by effective physical therapy treatment program. The guidelines recommend series of up to 24 PT treatments over 16 weeks for CRPS of the upper extremities. The records indicate that the patient still have residual functional limitation and decreased range of motion in the affected upper extremity after completion of PT treatments. There is documentation of functional improvement following the completion of previous PT treatments. The criteria for continued PT 2 times a week for 6 weeks for the hand and arm for CRPS was met.