

Case Number:	CM15-0042197		
Date Assigned:	03/12/2015	Date of Injury:	10/10/2011
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/05/2015

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: Arizona, 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 44 year old female, who sustained a work/ industrial injury on 10/10/11. She has reported initial symptoms of right upper extremity and shoulder pain with radiation into the elbow, forearm, and hand. The injured worker was diagnosed as having pain in joint of hand, reflex sympathetic dystrophy of upper limb, chronic pain due to trauma, and pain in joint of upper arm. Treatments to date included medication and diagnostics. Magnetic Resonance Imaging (MRI) of the right elbow reported minimal to mild tendinosis origin of the common flexor tendon with changes of minimal medial epicondylitis, no full thickness tear; partial thickness tear origin of the medial collateral ligament and sprain of the medial collateral ligament again noted without full thickness tar and remains stable. Right wrist reported minimum to mild radiocarpal and intercarpal joint arthritis, minimum right thumb base arthritis, partial thickness tear ulnar attachment of the TFCC complex without full thickness tear, minimal fluid radiocarpal and distal radial ulnar joints. Currently, the injured worker complains of right shoulder pain, right elbow pain, and right wrist pain rated 8/10. The pain was characterized as aching and numb and radiating to the right all fingers. The right upper extremity had abnormal skin color, temperature, swelling, sweating, and hyperalgesia. The claimant had a right sided ganglion block on 11.12.14. The treating physician's report (PR-2) from 12/18/14 indicated the injured worker had a normal gait, right shoulder movement was restricted with flexion/ abduction limited to 90 degrees. Right wrist Tinel's sign was positive, painful range of motion with flexion and extension. Medications included Cyclobenzaprine, Ambien, Gabapentin, Hydrocodone / Acetaminophen, Protonix, Klonopin, Lexapro, and Naproxen. Treatment plan included further

diagnostic testing, psychology, conservative measures, and right side stellate ganglion block and bilateral Neoprene gloves.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Sympathetic and epidural blocks; Stellate ganglion block (SGB) (Cervicothoracic sympathetic block) Page(s): 39.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block Page(s): 103.

Decision rationale: According to the guidelines, a stellate ganglion block is limited to CRPS. However there is limited evidence to support the procedure due to lack of evidence. In those who get minimal lasting relief a sympathectomy may be beneficial. In this case, the claimant had a stellat ganglion block in 11/14 indicating the pain resumed shortly after and did not provide lasting benefit. The request for an additional block is not medically necessary.

Bilateral Neoprene gloves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Detailed ICD 9/CPT Information.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fundamentals of Hand Therapy – 2007 - Cynthia Cooper- non-operative treatment for CRPS - 2000 pg 378.

Decision rationale: The MTUS, ACOEM and ODG guidelines do not comment on Neoprene gloves for CRPS. However, manual therapy and/or continuous compression device may be used for edema. In this case, the neoprene gloves do not offer dynamic compression as a pump or manual therapy. As a result, it is not medically necessary.