

<b>Case Number:</b>	CM15-0086635		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	11/27/2004
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 43-year-old female, who sustained an industrial injury on November 27, 2004. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having severe complex regional pain syndrome of the right upper extremity, status post right DeQuervain's release and right small finger and thumb trigger finger release in 2010, and compensatory left shoulder impingement from overuse. Treatment to date has included home care assistance and medications including anti-epilepsy, sleep, and muscle relaxant. On March 30, 2015, the injured worker complains of pain of the right upper and lower extremities. She has severe right upper extremity pain with an ongoing tremor. She has difficulty sleeping. The physical exam revealed anxiety, right upper extremity tremor, and closely limited right upper extremity function. The right lower extremity hyperplasia and pain was similar. The treatment plan includes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation assistance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (chronic) - Transportation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

**Decision rationale:** The claimant sustained a work injury in November 2004 and continues to be treated for CRPS affecting her right upper extremity. When seen, she was having ongoing pain. She was having difficulty sleeping. Physical examination findings included limited use of her right upper extremity. The claimant is currently receiving home care assistance at 20 hours per week. In this case, the claimant has been able to attend outpatient follow-up appointments and is able to ambulate without apparent difficulty. The reason for the requested transportation is not given nor is the frequency or duration. The request is not medically necessary.