

Case Number:	CM14-0137575		
Date Assigned:	09/05/2014	Date of Injury:	12/10/2008
Decision Date:	10/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60-year-old female who reported an injury on 12/10/2008 due to an unknown mechanism. Diagnoses were complex regional pain syndrome type II, right arm. Physical examination on 07/11/2014 revealed that the injured worker was having a flare up. The pain was reported a 9/10 at the right shoulder, right forearm, and wrist due to CRPS, increased with use and decreased with rest. Examination revealed that the injured worker had a clinical history and signs of complex regional pain syndrome. It was unclear to the provider how this diagnosis was made. The injured worker was intolerant to corticosteroid injections and would not let the provider touch her right wrist and hand in order to better assess the condition. The provider did indicate he thought there was an element of de Quervain's tendonitis and possibly an ulnar nerve issue. Treatment plan was for a bone scan to further confirm the diagnosis of complex regional pain syndrome. It was reported that occupational therapy helped to decrease pain and increase function. The rationale and Request For Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times per week for 3 weeks in treatment of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Forearm, Wrist & Hand, Occupational Therapy, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The decision for occupational therapy 2 times per week for 3 weeks in treatment of the right wrist is not medically necessary. The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy 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. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Previous physical therapy sessions were not reported with a functional improvement. It was not reported that the injured worker was participating in a home exercise program. The clinical information submitted for review does not provide evidence to justify occupational therapy 2 times a week for 3 weeks for the right wrist. Therefore, this request is not medically necessary.