MAXIMUS Federal Services

Case Number:	CM14-0166098		
Date Assigned:	10/13/2014	Date of Injury:	09/12/2013
Decision Date:	11/12/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Hand Surgery, and is licensed to practice in Oregon. 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:

This is a 33-year-old female with a date of injury of 9/12/2013. On 8/21/14, physician progress note state she has complaint of persistent pain in the right upper extremity, right-neck, right-shoulder, and right-upper back. Objective findings include: hyperalgesia over the dorsurn of the base of right thumb, right hand is erythematous and blotched in compared to the left. It is slightly edematous. There is tenderness in the cervical paraspinal muscle, there is tenderness in the right thoracic paraspinal muscle, and the right trapezius is also tender. She is diagnosed with complex regional pain syndrome, RUE. Right radial neuritis, Right median nerve neuritis. Prior relevant treatment: includes oral melds, right stellate ganglion block on 07/07/2014, MR!, status post right de Quervain release and thumb Al pulley excision with subsequent CRPS 04/11/2014, Post op PT x 24 sessions, Request is now for PT x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy-Myofacial for 6 sessions for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS treatment Page(s): 40.

Decision rationale: The patient has had 24 therapy sessions to treat CRPS following DeQuervains release. According to MTUS, CPRS treatment: 1. Rehabilitation: (a) Early stages: Build a therapeutic alliance. Analgesia, encouragement and education are key. Physical modalities include desensitization, isometric exercises, resisted range of motion, and stress loading. If not applied appropriately, PT can actually be detrimental. (b) Next steps: Increase flexibility with introduction of gentle active ROM and stretching (to treat accompanying myofascial pain syndrome). Other modalities may include muscle relaxants, trigger point injections and electrical stimulation (based on anecdotal evidence). Edema control may also be required (elevation, retrograde sympathetic blocks, diuretics and adrenoceptor blockers when sympathetically maintained pain-SMP is present). (c) Continued steps: Continue active ROM; stress loading; scrubbing techniques; isotonic strengthening; general aerobic conditioning; and postural normalization. (d) Final steps: Normalization of use; assessment of ergonomics, posture and modifications at home and work. In some cases increased requirements of analgesic medications, psychotherapy, invasive anesthetic techniques and SCS may be required. The claimant has completed 24 post-operative PT sessions. There is no documentation provided to indicate which modalities were provided and the results of performed treatments. Therefore, the medical necessity of this request is not medically necessary. It is not clear from the records if the patient has had a staged progression of therapy per the MTUS guidelines.