

Case Number:	CM15-0112141		
Date Assigned:	06/18/2015	Date of Injury:	05/04/2013
Decision Date:	07/30/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on 5/4/13. She reported initial complaints of left hand injury. The injured worker was diagnosed as having synovitis; pain in limb; joint stiffness NEC, hand; ulnar nerve lesion; adhesive capsulitis shoulder; joint pain; shoulder; crushing injury, hand; open wound hand; reflex sympathetic dystrophy; left shoulder-hand syndrome/complex regional pain syndrome with adhesive capsulitis. Treatment to date has included physical therapy; stellate ganglion blocks 10/2014; sympathetic ganglion block T2-T3. Currently, the PR-2 notes dated 5/26/15 indicated the injured worker was in the office for an evaluation and management of continued pain and stiffness in the arm. She has received stellate ganglion block that was helpful. The provider notes a detailed examination of the upper extremities was performed and noted a moderate stiffness in the left shoulder with pain on range of motion. There is mild swelling noted with slight stiffness in the left ring and small fingers. He has diagnosed her with status post left small PIP and DIP joint strain with posttraumatic stiffness and left shoulder hand syndrome/complex regional pain syndrome with adhesive capsulitis. His treatment plan included discussion of additional stellate ganglion blocks and refill of Naproxen, Prilosec and Menthoderm gel. He has also requested authorization of outpatient physical therapy to the left shoulder/upper extremity, two (2) times per week over six (6) weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the left shoulder / upper extremity, two (2) times per week over six (6) weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web-based version, Hand chapter.

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

Decision rationale: Based on the 07/07/15 progress report provided by treating physician, the patient presents with pain and stiffness to left hand and left shoulder. The request is for outpatient physical therapy to the left shoulder/upper extremity, two (2) times per week over six (6) weeks. RFA with the request not provided. Patient's diagnosis on 07/07/15 included status post left small PIP and DIP sprains with posttraumatic stiffness, and left shoulder-hand syndrome/ complex regional pain syndrome with adhesive capsulitis. Physical examination on 01/13/15 revealed moderate stiffness in the left shoulder with pain on range of motion. Moderate stiffness in the left ring and small fingers with mild swelling and skin atrophy of small finger. Treatment to date has included X-rays, splinting, physical therapy, stellate ganglion blocks, sympathetic ganglion block T2-T3, work modification, and medications. Patient's medications include Naproxen, Prilosec and Menthoderm gel. The patient is temporarily totally disabled, per 07/07/15 report. Treatment reports were provided from 07/25/13 - 07/07/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." Per 07/07/15 report, treater states the patient "should continue with PT twice weekly for the next six weeks to work on range of motion modalities and strengthening." UR letter dated 06/05/15 certified 2 visits, and states the patient "... initially underwent a course of physical therapy in July 2013 in October 2013 the claimant was authorized 6 sessions of occupational therapy in July 2014 the claimant was authorized 12 sessions of physical therapy." The patient has a diagnosis of CRPS, and MTUS allows up to "24 visits over 16 weeks." The patient's last round of PT was in 2014. In this case, the request for 12 sessions of physical therapy appears reasonable and in accordance with the guidelines. Therefore, the request is medically necessary.