

Case Number:	CM15-0120978		
Date Assigned:	07/01/2015	Date of Injury:	02/28/2013
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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 36 year old male who reported an industrial injury on 2/28/2013. His diagnoses, and/or impressions, are noted to include: left wrist ulnocarpal abutment syndrome, status-post left wrist arthroscopy with internal fixation and debridement, and ulnar shortening osteotomy with findings for left wrist ulnocarpal impaction syndrome (12/23/13) - and removal of hardware on 12/13/2014; injury to dorsal ulnar sensory branch of the ulnar nerve, derivative injury and compensable consequence; wrist/forearm pain; and ulnar nerve neuropathy. No current x-rays or imaging studies were noted; recent electrodiagnostic studies were noted done on 4/22/2014, yielding normal results. His treatments have included consultations; removal of left wrist hardware surgery on 12/18/2014 - followed by post-operative physical therapy; a panel qualified medical evaluation on 12/16/2014; a brace; occupational therapy; nerve block injections; medication management; and return to modified work duties prior to rest from work post the 12/2014 surgery. The progress notes of 4/30/2015 reported a follow-up visit for neurotic left arm pain that radiates from the neck down the entire arm, and was treated by occupational therapy for complex regional pain syndrome (CRPS). Objective findings were noted to include a soft left-arm scar; full active & passive range-of-motion; and no atrophy or motor deficits. The physician's plan noted no indication for any orthopedic intervention, and the potential consideration for stellate ganglion blocks in the neck for treatment of CRPS. The medical records provided a Utilization Review that was for chronic pain and physical therapy programs for the left wrist/hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic pain program, left hand/wrist Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the general use of multidisciplinary pain management Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs Page(s): 30-32.

Decision rationale: The claimant sustained a work-related injury in February 2013 and underwent left ulna hardware removal on 12/13/14 after being treated for impaction syndrome. She continues to be treated for left upper extremity pain including a diagnosis of CRPS. When seen, she was having radiating pain from the neck into the arm. There was full range of motion. There was no atrophy or motor deficit. Recommendations included consideration of a stellate ganglion block. Documentation includes completion of 20 post-operative therapy sessions. A chronic pain program can be recommended for selected patients with chronic disabling pain. Criteria include that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. In this case, the claimant has a diagnosis of possible CRPS and, although difficult to treat, additional treatment such as medications and injections may be an option in her care. Therefore, a chronic pain program is not medically necessary at this time.

Physical Therapy re-evaluation, left hand/wrist Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in February 2013 and underwent left ulna hardware removal on 12/13/14 after being treated for impaction syndrome. She continues to be treated for left upper extremity pain including a diagnosis of CRPS. When seen, she was having radiating pain from the neck into the arm. There was full range of motion. There was no atrophy or motor deficit. Recommendations included consideration of a stellate ganglion block. Documentation includes completion of 20 post-operative therapy sessions. In this case, the claimant has already had in excess of the amount of therapy indicated following her surgery which was done more than 6 months ago. Instruction in a home exercise program would have been expected. There is no new injury and no specific therapeutic content or reason for the re-evaluation is being given. Another evaluation for more therapy would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The request is not medically necessary.

