

Case Number:	CM15-0123107		
Date Assigned:	07/07/2015	Date of Injury:	11/07/2012
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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 39-year-old male with an industrial injury dated 11/07/2012. The injury is documented as occurring when he was filling a box with almonds when he began experiencing pain and swelling in his right wrist. His diagnoses included pain in joint of hand, myalgia and myositis. Prior treatment included right wrist injection (no relief), hand therapy 24 sessions with no relief) right wrist surgery (no relief), traction (ineffective) and medications. Physical examination noted no hypertonia or hypotonia. On sensory examination, dysesthesias are present over medial hand, lateral hand, medial forearm and lateral forearm on the right side. Temperature sensation was decreased over the medial hand and lateral hand on the right side. He presents on 05/12/2015 with complaints of right wrist pain. He rates the pain as 6/10 described as severe and constant. The pain is associated with numbness, swelling, tingling and weakness in his right hand. Treatment plan included medications, occupational therapy and stellate ganglion block. The request for right hand and wrist stellate ganglion block was authorized. The treatment request for review is occupational therapy 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), physical therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines. (3) Chronic pain, CRPS, treatment.

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for right wrist pain. He has a diagnosis of CRPS and a stellate ganglion block has been approved. Prior treatments had included hand therapy, which had been ineffective. When seen, pain was rated at 6/10. There was decreased range of motion with allodynia and findings consistent with a diagnosis of CRPS. There was decreased grip strength and dysesthesias. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended. Performing the approved stellate ganglion block without adjunctive therapy would not likely to be beneficial as it is not a stand-alone treatment. The request is medically necessary.