

Case Number:	CM15-0073155		
Date Assigned:	04/23/2015	Date of Injury:	12/14/2010
Decision Date:	05/20/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50 year old female, who sustained an industrial injury on 12/14/10. She reported a right hand and wrist injury. The injured worker was diagnosed as having complex regional pain syndrome. Treatment to date has included physical therapy, topical medications and oral medications. Currently, the injured worker complains of significant restriction in mobility of wrist and hand with limited mobility and pain with motion in the shoulder although it has improved with physical therapy. Physical exam noted improved range of motion of right shoulder and finger creases remain improved and hypersensitivity has improved. It is noted limited range of motion of wrist and hand persists. The treatment plan included continuation of physical therapy and occupational therapy with a consult for a hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 weeks, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS 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) Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are complex regional pain syndrome, at present appears resolved; hypersensitivity resolved; and limited range of motion secondary to contractures. Documentation from the medical record shows the injured worker was being treated for complex regional pain syndrome. The documentation according to a June 30, 2014 progress note; August 13, 2014 progress note; September 22, 2014 progress note; November 3, 2014 and December 5, 2014 progress note states the injured worker should continue ongoing physical therapy. There are no physical therapy progress notes documenting objective functional improvement. In the most recent progress note dated April 1, 2015, the treating provider states the injured worker has "some improvement" in the CRPS. The injured worker should continue physical therapy. The total number of physical therapy sessions to date is not documented in the medical record. The injured worker, however, has exceeded the recommended guidelines based on the progress note documentation of ongoing physical therapy. There are no compelling clinical facts in the medical record demonstrating additional physical therapy is warranted. Consequently, absent clinical documentation with a clinical indication/rationale and compelling clinical facts showing additional physical therapy is warranted, physical therapy two times per week times six weeks to the right shoulder is not medically necessary.

Occupational Therapy 2x6, right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS 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) Forearm, Wrist and Hand Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week for six weeks to the right hand is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are complex regional pain syndrome, at present appears resolved; hypersensitivity resolved; and limited range of motion secondary to contractures. Documentation from the medical record shows the injured worker was being treated for complex regional pain syndrome. The documentation according to a June 30, 2014 progress note; August 13, 2014 progress note;

September 22, 2014 progress note; November 3, 2014 and December 5, 2014 progress note states the injured worker should continue ongoing physical therapy and occupational therapy to the hand and wrist. There are no physical therapy progress notes documenting objective functional improvement. In the most recent progress note dated April 1, 2015, the treating provider states the injured worker has "some improvement" in the CRPS. The injured worker should continue physical therapy. The total number of occupational therapy sessions to date is not documented in the medical record. The injured worker, however, has exceeded the recommended guidelines based on the progress note documentation of ongoing occupational therapy/physical therapy. There are no compelling clinical facts in the medical record demonstrating additional physical therapy is warranted. Consequently, absent clinical documentation with a clinical indication/rationale and compelling clinical facts showing additional occupational therapy is warranted, occupational therapy two times per week for six weeks to the right hand is not medically necessary.