

<b>Case Number:</b>	CM13-0016031		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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:

The patient is a 57-year-old female who reported an injury on 12/06/2010 due to cumulative trauma while performing normal job duties. The patient underwent bilateral carpal tunnel release as a result of the reported injuries. The clinical documentation submitted for review does provide evidence that the patient is participating in physical therapy and acupuncture. The patient's most recent clinical findings included well-healed scars in both wrists, decreased grip strength bilaterally, decreased sensation in the bilateral nerve distribution, and tenderness to palpation in the first digits of the bilateral hands with a positive Finkelstein's test. The patient's diagnoses included de Quervain's tenosynovitis and mild bilateral carpal tunnel syndrome. The patient's treatment plan included continuation of hand therapy, acupuncture, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy three times a week for four weeks to the bilateral hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Medicine Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm Wrist and Hand Chapter, Physical Medicine.

**Decision rationale:** The requested occupational therapy 3 times a week for 4 weeks to the bilateral hands is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has recently received occupational therapy to address functional deficits of the bilateral hands. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvements obtained during supervised skilled therapy. The clinical documentation submitted for review does not indicate that the patient is currently participating in a home exercise program. Additionally, as the patient does have continued functional deficits including decreased grip, continuation of therapy may be indicated. However, Official Disability Guidelines recommend up to 2 to 3 visits for carpal tunnel syndrome. The request, in addition to the previously received therapy, is in excess of this recommendation. There are no exceptional factors submitted for review to support the need to extend treatments beyond guideline recommendations. As such, the requested occupational therapy 3 times a week for 4 weeks to the bilateral hands it not medically necessary or appropriate.