

<b>Case Number:</b>	CM13-0021973		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	01/18/2000
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral upper extremity pain, carpal tunnel syndrome, trigger thumbs, forearm pain, and elbow pain reportedly associated with an industrial injury of January 18, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior carpal tunnel release surgery on April 16, 2013; 12 sessions of postoperative physical therapy up until August 2013; and a trigger thumb release. In a utilization review report of August 28, 2013, the claims administrator partially certified a request for further physical therapy as four sessions of treatment to obtain and establish a home exercise program. Although the applicant was over three months removed from the date of surgery, the claims administrator nevertheless incorrectly cited the MTUS Postsurgical Treatment Guidelines in section 9792.24.3. The applicant's attorney later appealed. An earlier progress note of September 27, 2013 is notable for comments that the applicant reports persistent pain and numbness about the arms and hands. She has tenderness about the volar forearms and equivocal Tinel and Phalen signs bilaterally. Grip strength is reportedly diminished. Additional physical therapy, Prilosec, and work restrictions were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**Decision rationale:** The request, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgia and/or neuritis of various body parts, present here. As further noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, the emphasis should appropriately be placed on active therapy, active modalities, and on self-directed home physical medicine and home exercises. There is little or no support for the lengthy, 12-session course of treatment being sought by the attending provider which, as noted previously, would in and of itself, represent treatment in excess of that suggested by the chronic pain medical treatment guidelines. Therefore, the request is not certified.