

<b>Case Number:</b>	CM13-0033691		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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. The expert 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 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/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 hand pain, wrist pain, chronic pain syndrome, carpal tunnel syndrome, depression, anxiety, and psychological stress reportedly associated with an industrial injury of May 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; sleep aids; right carpal tunnel release surgery on July 2, 2013, left carpal tunnel release surgery on July 16, 2013; work restrictions; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of December 25, 2013, the claims administrator denied a request for eight sessions of occupational therapy for the bilateral hands. It was stated that the applicant had already had six sessions of postoperative therapy for each wrist following right carpal tunnel release surgery on July 2, 2013 and left carpal tunnel release surgery on July 16, 2013. The applicant's attorney subsequently appealed. A September 16, 2013 progress note is notable for comments that the applicant has apparently returned to work as an administrator or office assistant at [REDACTED]. She is on Naprosyn, Norco, Topamax, Advil, albuterol, Klonopin, hydralazine, hydrochlorothiazide, Prilosec, and Xenical. Her medical history is notable for depression, arthritis, hypertension, asthma, and chronic hip pain. She continues to smoke half pack of cigarettes a day. She was able to make a fist about the right hand with a Tinel sign appreciated. There is no evidence of swelling noted. Medications, including Norco and Elavil were renewed. The applicant is returned to modified work. She is described as continuing to experience right-sided neck pain, shoulder pain, wrist pain, and knee pain. It is stated in the discussion section that she has not had much relief and is having difficulties with weakness and range of motion. She wanted to be taken off of work but was returned to a seven and a half hour workday by her treating provider.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OCCUPATIONAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS IN TREATMENT TO THE BILATERAL WRISTS.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The applicant is status post right and left carpal tunnel release surgeries in July 2013. She had received six sessions of physical therapy treatment for each wrist as of the date the Utilization Review Report. While certification of eight additional sessions of occupational therapy does result in extension of treatment slightly above and beyond the 3- to 8-session course recommended in MTUS 9792.24.3 following carpal tunnel release surgery, in this case, the applicant does have a variety of comorbidities which do warrant additional treatment beyond the guideline. The applicant underwent left and right carpal tunnel release surgeries in fairly short order. She was significantly symptomatic as of the date of the clinical progress note, September 16, 2013. She was having ongoing issues with pain and paresthesias. Her job as an administrative assistant/office assistant does require fairly extensive usage of the hands, including making copies, pushing a mail cart, using a computer, etc. The applicant does have multifocal pain complains about the neck, shoulder, elbow, and various other areas. The applicant has a history of depression, which is further compounding her medical issues. The applicant did demonstrate some functional improvement as evinced by her successful return to modified work. For all the stated reasons, then, additional physical therapy on the order of that proposed is indicated. The request is certified, on Independent Medical Review.