

<b>Case Number:</b>	CM13-0040555		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	04/19/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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 injured worker is a 32-year-old female who reported injury on 04/19/2011. The mechanism of injury was not provided. The diagnoses include status post right carpal tunnel release with ulnar nerve decompression at the wrist, right index flexor tenosynovitis, right forearm tendonitis, right cubital tunnel syndrome, trapezial and par scapular strain, and rule out right thoracic syndrome. The clinical documentation indication the injured worker had 13 sessions of postoperative physical therapy. The documentation of 11/22/2013 revealed the injured worker had mild volar forearm tenderness on the right. The Tinel's sign and elbow flexion test were positive on the right cubital tunnel and negative on the left. The grip strength was diminished. There was mild swelling and tenderness over the A1 pulley of the right index finger with slight crepitus. The treatment plan included 6 sessions of occupational therapy to work on stretching modalities and therapy, Voltaren 100 mg, Prilosec 20 mg, and Art-D neuromuscular stem x 1 month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CARPAL TUNNEL CHAPTER

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The California MTUS Postsurgical Treatment Guidelines indicate that the treatment for postoperative carpal tunnel syndrome is 8 visits of occupational/physical therapy. The clinical documentation submitted for review indicated the injured worker had utilized 13 visits of occupational therapy. There is a lack of documentation of objective functional benefit. There was a lack of documentation of functional deficits and a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations the request for 12 additional sessions of occupational therapy would be excessive. The request as submitted failed to indicate the body part to be treated with occupational therapy. Given the above, the request for occupational therapy (2) times a week for (6) weeks is not medically necessary.

**ART-D NEUROMUSCULAR STIM X 1 MONTH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 121.

**Decision rationale:** California MTUS guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated with the Art-D stem. Given the above, the request for Art-D neuromuscular stem x 1 month is not medically necessary.