

<b>Case Number:</b>	CM13-0051833		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/29/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Anesthesiology, has a subspecialty in Pain 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 64 year old female who was injured on 09/29/10. Mechanism of injury is undisclosed. Diagnoses are listed as carpal tunnel syndrome of the bilateral hands and complaints of pain and numbness and tingling in the bilateral arms and hands. The injured worker has undergone ulnar nerve transposition and revision carpal tunnel release on the left and carpal tunnel release on the right. The injured worker participated in five visits of occupational therapy for the bilateral hands from 09/18/13 to 10/14/13. Occupational therapy note dated 10/14/13 states the injured worker had been scheduled twelve visits. There are no therapy notes for visits six to twelve and records do not reveal if this course was completed or not. The 10/14/13 therapy note does indicate numbness and pain had not decreased with therapy at that time. Most recent clinical note dated 10/17/14 states the injured worker reports improvement in strength in bilateral hands but no significant change in numbness. Physical examination revealed positive Tinel's over the left median nerve at the wrist, positive Tinel's and Phalen's sign about the right wrist and positive Tinel's at the right medial elbow. Hand therapy twice weekly for six weeks is recommended for desensitization, strengthening and pain reduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HAND THERAPY 2 TIMES A WEEK FOR 6 WEEKS -BILATERAL HANDS/ARM:**

Upheld

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

**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), Carpal Tunnel Syndrome Chapter, Physical Medicine Treatment.

**Decision rationale:** The request for hand therapy two times per week for six weeks for the bilateral hands and arms is not recommended as medically necessary. Medical Treatment Utilization Schedule (MTUS) states hand therapy is an important treatment in complex regional pain syndrome (CRPS). However, per the submitted records, CRPS is not an active diagnosis for this injured worker. Official Disability Guidelines (ODG) addresses carpal tunnel syndrome specifically and recommends therapy visits up to four weeks after surgery. ODG further states, carpal tunnel release surgery is an effective operation that also should not require extended multiple physical therapy office visits for recovery. Records do not reveal the dates of the surgical interventions performed but do indicate these procedures occurred prior to July of 2013. This injured worker is beyond the window of treatment supported by current evidence based guidelines. ODG further supports the use of an evaluation following a six visit clinical trial to determine the efficacy of treatment. Per guideline recommendations, failure to respond to treatment is an indication to deny further treatment by the same means. Records include occupational therapy notes which state the injured worker had experienced no significant improvement in pain or reduction in numbness after five occupational therapy visits for the bilateral hands and arms. Without evidence of progress, further treatment with formal therapy for the treatment of carpal tunnel syndrome is not supported. Furthermore, the most recent clinical note is dated over ten months ago. The current status of the injured worker is not provided and current need for treatment is not supported. Based on the clinical information provided, medical necessity of hand therapy twice per week for six weeks is not established.