

<b>Case Number:</b>	CM13-0056604		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/01/2011
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Preventative Medicine and Occupational 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 patient is a 55 year old female whose date of injury is 3/1/11. The patient reports that she hit her hand on the car and had subsequent hand pain. A panel qualified medical re-evaluation dated 2/1/13 indicates that the patient had surgery to her right middle finger on 8/31/11 and did return to work for one month after having physical therapy. She then had to stop due to ongoing pain in the right knee. She had a total knee replacement on 6/12/12 and has been out of work since that time. A follow-up note dated 10/7/13 indicates that the patient complains of bilateral hand pain and stiffness, and finger triggering. Treatment to date has included corticosteroid injections and trigger finger release on the right middle finger. When she returned to work the patient developed left hand symptoms. The impression is of bilateral hand flexor tenosynovitis. A note dated 10/30/13 indicates that the patient has never had therapy on her left hand. A supplemental report dated 11/19/13 indicates that the diagnosis is carpal tunnel syndrome. The patient was recommended to continue therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY FOR THE LEFT WRIST (12 SESSIONS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG); CARPAL TUNNEL SYNDROME, PHYSICAL MEDICINE TREATMENT

**Decision rationale:** The patient developed left wrist pain subsequent to return to work and presents with a reported diagnosis of carpal tunnel syndrome. The Official Disability Guidelines support 1-3 visits of occupational therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. Per a note dated 11/19/13, the patient was recommended to continue therapy; however, the number of sessions completed to date and patient response are not documented. As such, the request is not medically necessary.