

<b>Case Number:</b>	CM13-0058084		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 and is licensed to practice in Illinois. 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 33 year old female who reported an injury on 01/01/2012. The mechanism of injury is bilateral upper extremity repetitive motion. The injured worker complained of continued intermittent numbness and tingling in her right hand. Upon physical exam the injured worker had tenderness to palpation along the medial epicondyle and throughout the forearm musculature along the volar and dorsal aspects. Negative Tinel and Phalen test to the right with full range of motion. There was a mildly positive Finkelstein test to the right. Her left arm had full range of motion without any pain noted. The injured worker completed a nerve conduction study (NCS) on 04/24/2013 and results were normal. The injured worker has a history of bilateral upper extremity repetitive strain injury with the left nearly resolved and persistent on the right, bilateral de Quervain's tenosynovitis with the left resolved and persistent on the right and right medial epicondylitis. The injured worker has completed 12 visits of acupuncture and 6 visits of occupational therapy to date. The injured worker performs her stretching exercises as instructed and does not take Ibuprophen because it upsets her stomach. A current list of medications was not provided with the documentation submitted for review. The current treatment plan is a request for additional acupuncture and occupational therapy sessions, continuing with the stretching exercises. The injured worker is to continue on modified duty and considering cortisone injections. The request for authorization form was submitted with the documentation dated 11/04/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE TIMES 6 FOR THE BILATERAL WRISTS:** Upheld

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

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

**Decision rationale:** The request for occupational therapy times 6 for the bilateral wrists are not medically necessary. The injured worker has a history of pain to the bilateral upper extremities due to excessive use of the 10-key and mouse at work. The injured worker has completed 6 visits of occupational therapy to date and performs stretching exercises. There is no documentation to support carpal tunnel syndrome (CTS). The injured worker is noted improved on the left and persistent on the right. The Official Disabilities Guidelines (ODG) for the forearm, wrist and hands state for occupational therapy is recommended. The allotted time for sprains and strains of the wrist and hand is 9 visits over 8 weeks. Since the injured worker has completed 6 visits to date, the additional 6 visits requested would exceed the recommended allotted time. Due to the above noted, the request is not medically necessary.

**OCCUPATIONAL THERAPY TIMES 6 FOR THE BILATERAL WRISTS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines- Physical Medicine..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forearm, Wrist and Hand, Physical/ Occupational Therapy

**Decision rationale:** The request for occupational therapy times 6 for the bilateral wrists are not medically necessary. The injured worker has a history of pain to the bilateral upper extremities due to excessive use of the 10-key and mouse at work. The injured worker has completed 6 visits of occupational therapy to date and performs stretching exercises. There is no documentation to support carpal tunnel syndrome (CTS). The injured worker is noted improved on the left and persistent on the right. The Official Disabilities Guidelines (ODG) for the forearm, wrist and hands state for occupational therapy is recommended. The allotted time for sprains and strains of the wrist and hand is 9 visits over 8 weeks. Since the injured worker has completed 6 visits to date, the additional 6 visits requested would exceed the recommended allotted time. Due to the above noted, the request is not medically necessary.