

<b>Case Number:</b>	CM13-0072210		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 and Rehabilitation 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 24 year old woman who reported an injury on 05/03/2012. The mechanism of injury was not reported. Per the 12/06/2013 clinical note, the injured worker reported bilateral wrist pain rated at 8/10 with tingling and weakness. Objective findings included bilateral positive Phalen's, reverse Phalen's, Tinel's, and Finklestein's tests. The injured worker's diagnoses included right carpal tunnel syndrome, bilateral upper extremity overuse syndrome, and status post right carpal tunnel release on 01/17/2013. A bilateral EMG/NCS performed on 09/10/2013 was normal. An MRI of the right wrist performed on 09/16/2013 was unremarkable. The provider recommended occupational therapy 3 times a week for 4 weeks for the bilateral hands/wrists. The request for authorization form was submitted on 12/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY 3X WEEK X 4 WEEKS BILATERAL HANDS/WRISTS:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The CA MTUS guidelines recommend 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified with the fading of treatment frequency, plus active self-directed home physical medicine. ACOEM guidelines recommend instructions for home exercises under physical treatment methods. Per the 12/06/2013 clinical note, the injured worker reported bilateral wrist pain with tingling and weakness. The injured worker had a normal MRI of the right wrist and bilateral EMG/NCS. The request for 12 sessions of occupational therapy exceeds guideline recommendations. In addition, there is no indication the injured worker would be using any home exercises. There was also no documentation of any functional deficits to warrant therapy. Therefore, based on guidelines and a review of the evidence, the request for Occupational Therapy is not medically necessary.