

<b>Case Number:</b>	CM14-0008818		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Neurological Surgery and is licensed to practice in California. 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 55-year-old female who was injured on October 14, 2010. The mechanism of injury is not specified. The injured worker is documented as being status post left carpal tunnel release performed on December 11, 2012. The most recent progress note available for this review is dated March 3, 2014. The injured worker continues to report pain in the left thumb persistent with stiffness and occasional catching. The physical examination documents tenderness along the base of the thumb with a palpable nodule in the flexor tendon, a positive Finkelstein's test, and pain on resisted thumb extension. Current diagnoses include left wrist carpal tunnel syndrome, trigger thumb, de Quervain's tenosynovitis, and carpometacarpal arthrosis (CMC). The utilization review in question was rendered on January 15, 2014. The reviewer non-certified the request for 12 occupational therapy visits for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OCCUPATIONAL THERAPY TREATMENT TO THE LEFT WRIST FOR 12 SESSIONS, 2X6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 99

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE Page(s):  
98-99.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) guidelines supports up to ten physical therapy visits for the management of chronic pain. Based on the documentation provided, the injured worker does have chronic hand and wrist pain, but the requested twelve sessions exceed the guidelines. As such, the request is considered not medically necessary.