

<b>Case Number:</b>	CM14-0104209		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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: Physical Medicine and Rehabilitation, 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 45 year old female who reported an injury on 11/29/2012. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, and bilateral DeQuervain's tenosynovitis. Her past treatments consisted of, acupuncture, medications, surgery, injections and 12 physical therapy sessions as of 06/03/2014. The injured worker's diagnostic exams included an electromyography study on 04/2013. Her surgical history comprised of a right carpal tunnel release surgery on 04/10/2014. On 06/11/2014, the injured worker complained of pain and weakness in the right hand and tenderness over her surgical scar. The physical exam findings were not indicated in the clinical notes. Her medications were not included in the medical record. The treatment plan encompassed the completion of 12 Occupational Therapy Sessions to the Right Wrist. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was signed and submitted on 06/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy - Right Wrist #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**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 request for 12 Occupational Therapy visits for the Right Wrist is not medically necessary. The Official Disability Guidelines recommend physical medicine treatment for carpal tunnel syndrome, but there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 8 visits over 3-5 weeks after surgery. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Furthermore, carpal tunnel release surgery is an effective operation that also should not require extended multiple physical therapy office visits. Continued visits should be contingent on documentation of objective improvement such pain improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion, and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. The clinical notes indicate that the injured worker received approximately 12 post-surgical physical therapy visits between 04/30/2014- 06/03/2014. Based on the clinical notes the injured worker never made progression while in the physical therapy program. When she began therapy on 04/30/20014, the flexion of the right wrist was 0 degrees, extension was 0 degrees, ulnar deviation was 0 degrees, and radial deviation was 0 degrees as well. As of 06/03/2014 her range motion in all areas remained at 0 degrees. The clinical notes indicate that this type of physical medicine or the choice modalities are not facilitating a positive outcome to the injured worker and other treatment options should be sought out. Additionally, the injured worker has surpassed the recommended post-surgical physical therapy total, as the guidelines state that it should not require extended multiple physical therapy office visits for carpal tunnel syndrome. Therefore, due to lack of support indicating that the injured worker had objective improvement such pain improvement greater than four, long-term resolution of symptoms, the absence of a home therapy program, and the occurrence of 12 previous physical therapy visits, the request is not supported. Thus, the request for 12 occupational therapy visits for the right wrist is not medically necessary.