

<b>Case Number:</b>	CM14-0013071		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/05/2009
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 & 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 patient is a 60-year-old female who has submitted a claim for right knee pain, right chondromalacia patella, right healed fibula fracture, lunotriquetral ligament tear status post repair, and status post carpal tunnel release associated with an industrial injury date of March 5, 2009. Medical records from 2012-2014 were reviewed. The patient complained of right wrist pain, grade 8/10 in severity. The pain was characterized as throbbing. The pain radiates to the shoulder. The patient was status post carpal tunnel release on October 2, 2013. She was complaining of lack of range of motion of her right wrist. Physical examination showed no tenderness over the right wrist. For range of motion testing, there was lacking significant extension of the right wrist. Motor strength and sensation was intact. MRI of the right wrist, dated August 6, 2013, revealed suspected tear of the lunotriquetral ligament, irregularity consistent with moderate-grade partial tearing including longitudinally oriented split tear component of the extensor carpi ulnaris, and new subchondral cystic changes within the proximal volar aspect of the capitate. Treatment to date has included medications, physical therapy, activity modification, lunotriquetral ligament tear repair, and carpal tunnel release. Utilization review, dated January 29, 2014, denied the request for #4 postoperative occupational therapy 3x2 weeks because it would be appropriate for the patient to complete her current physical therapy regimen at her current location with her current physical therapist. The request for Pennsaid 40 drops 4x/per day was denied because there was no evidence of failed first line oral analgesic, and no demonstration that the patient was intolerant to oral NSAIDs or had gastrointestinal issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE OCCUPATIONAL THERAPY #4 THREE TIMES PER WEEK FOR TWO WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** CA MTUS Post-Surgical Treatment Guidelines page 15-16 states that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery. Postsurgical treatment of up to 3-8 post-operative physical therapy visits over 3-5 weeks for patients who underwent carpal tunnel release are recommended with postsurgical physical medicine treatment period of 3 months. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. In this case, the patient was status post carpal tunnel release last October 2, 2013. The documented rationale was for the patient to switch to another occupational therapist because the requesting physician believes that she is the most qualified occupational therapist for the hands/wrists on the area. The patient underwent a total of 24 postoperative physical therapy sessions. The patient already exceeded the recommended postsurgical physical therapy visits and additional physical therapy sessions will also exceed guideline recommendations. The patient is expected to be well-versed in a self-directed home exercise program by now. Moreover, the present request failed to specify the body part to be treated. Therefore, the request for post operative occupational therapy #4 three times per week for two weeks is not medically necessary.

**PENNSAID 40 DROPS FOR FOUR TIMES PER DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that Pennsaid (diclofenac topical solution 1.5% containing 45.5% dimethyl sulfoxide) is FDA-approved for osteoarthritis of the knee. However, ODG then goes on to state that Pennsaid is not recommended as a first-line treatment; topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations. Patient has been taking this medication since April 2013. The documented rationale for the request was for his forearm throbbing. However, guidelines indicate that it is FDA-approved for osteoarthritis of the knee. In addition, there was no mention regarding failure of oral NSAID or contraindications to it.

Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Pennsaid 40 drops for four times per day is not medically necessary.