

<b>Case Number:</b>	CM14-0017311		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Occupational Medicine 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 an employee of [REDACTED] who filed a claim of left shoulder sprain impingement/possible internal derangement and left wrist sprain flexor tendinitis associated with an industrial injury date of 06/29/2000. Treatment to date has included MRI of the left wrist which revealed prior carpal tunnel release and diffuse degenerative signal change within the triangular fibrocartilage and small perforation, MRI of shoulder which showed hypertrophic arthritic changes which produced minimal impingement on the distal supraspinatus musculotendinous junction. Surgery of the left hand was done and the operation performed was revision left carpal tunnel release. At least x10 Physical therapy sessions were also done postoperatively. No documentation noted as to the total number of physical therapy sessions completed. Utilization review from 01/14/2014 denied the request for occupational therapy, 18 sessions of left wrist, left shoulder due to lack of clinical information submitted for review to meet the evidence-based guideline for the requested service. The mechanism of injury, medication, surgical history and other therapies were not provided. Medical records from 2013 were reviewed showing that the patient has slow improvement of the left hand. Shoulder and arm are still painful while her hand is stiff. There's limitation in wrist flexion and extension and gripping. Physical examination revealed decrease tenderness at dorsal wrist muscles, increase wrist/hand ROM. Passive flexion of hand was noted at 40 degrees, extension at 45 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY, 18 SESSIONS FOR THE LEFT WRIST AND LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013 Shoulder Chapter, Physical Therapy, Carpal Tunnel Syndrome.

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

**Decision rationale:** According to post surgical treatment guidelines under the Carpal Tunnel Syndrome section, post-surgical treatment physical therapy is recommended for 3-8 visits over 3-5 weeks. In this case, a total of 10 post operative sessions were completed. However, there is no discussion concerning the need for variance from the guidelines as the requested amount exceeds guideline recommendations. The amount of physical therapy sessions the shoulder has received is also unclear. Therefore the request for occupational therapy, 18 sessions are not medically necessary.