

<b>Case Number:</b>	CM14-0017557		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 a 44 year old female who was injured on 04/09/2012. Mechanism of injury is unknown. Prior treatment history has the patient underwent right carpal tunnel release 08/05/2012 and left carpal tunnel release 07/03/2013, however there was no operative report submitted for review. The patient had 12 sessions of occupational therapy postop. Diagnostic studies reviewed include electrodiagnostic study dated 01/15/2014 revealing the following impression: 1. Abnormal nerve conduction study of the right median nerve sensory component. It is abnormal because of the mild prolongation of the distal latency to both the index and ring fingers. 2. Normal nerve conduction study of the right median nerve motor component. 3. Abnormal nerve conduction study of the left median nerve sensory component. Abnormal because of the prolongation of distal latency to the ring finger. 4. Normal nerve conduction studies of the left median nerve motor component. 5. Normal nerve conduction studies of the right and left ulnar nerve motor component including segment across the elbow. 6. Normal nerve conduction studies of the right and left ulnar nerve sensory component. 7. Normal EMG of the right upper extremity sampling myotomes C5 to T1. No evidence of denervative or myopathic process. 8. Normal EMG of the left upper extremity sampling myotomes C5 to T1. No evidence of a denervative or myopathic process. Physical therapy progress note dated 12/09/2013: Diagnosis: left hand CTR. Prognosis: Good for goals stated. Summary: The patient needs increased shoulder range of motion and strength in order to restore prior level of function. She repeatedly mentioned, "my right hand never healed". Progress note dated 12/30/2013 documented the patient complaining of ulnar two digits of her hand are numb. She has complained of this before. She has waking paresthesias also. She is done with her physical therapy. Objective findings on examination reveal there is no muscle atrophy, especially the first dorsal interosseous muscle. Light touch is 0.4 gram in all her fingertips. Grip strength is 10

pounds bilaterally. Tinel today is negative over both ulnar nerves, though the right upper extremity is more symptomatic than the left. Diagnoses: 1. Bilateral carpal tunnel syndrome with improving hypersensitivity. 2. Ulnar nerve compression, both elbows. Progress note dated 01/23/2014 documents the patient had her nerve conduction study done. It shows that on the right motor it is 3.95 milliseconds and it was 3.6 milliseconds. For the sensory it is 3.75 milliseconds and it was 3.45 milliseconds. On the left it is 3.8 milliseconds and it was 3.55 milliseconds. She is about the same. Objective findings on examination reveal Tinel is negative. Phalen is negative. Her fingertips do come into the palm and miss the distal palmar crease. Grip strength is 7 pounds on the right and 6 pounds on the left. Sensation is intact to pinprick. Diagnosis: Bilateral carpal tunnel releases.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ADDITIONAL OCCUPATION THERAPY (2X3) FOR THE RIGHT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** According to the CA MTUS, 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, up to the maximum of postsurgical treatment (open/endoscopic): 3-8 visits over 3-5 weeks. The postsurgical physical medicine treatment period is 3 months. The patient completed at least 12 postop therapy sessions. According to the CA MTUS guidelines, the patient has already completed more than the recommended number of postop therapy sessions for the wrist. She is approaching 2 years postop right CTR, and has long since exceeded the post-surgical treatment duration period. Given the lack of significant findings on examination, utilization of an independent HEP is appropriate. The request for additional post-op OT for the right wrist is not supported by the medical records and is not recommended under the evidence-based guidelines. Therefore, the request is not medically necessary.