

<b>Case Number:</b>	CM14-0019149		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Emergency 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 had a date of injury of 2/2/2013. Mechanism of injury is reported as a head butt by an arrestee to left eye and head leading to striking head against the ceiling of a vehicle during course of duties. The patient has a diagnosis of facial contusion/concussion, sprain of neck, carpal tunnel syndrome, cervical spinal stenosis of C6-7, lateral epicondylitis, ulnar nerve injury and enthesopathy of hip. The patient has had multiple prior surgeries performed including L4-5 discectomy L4-5, ACL reconstruction, bunionectomy, lateral tendon repair, ulnar nerve transposition, epidondilectomy and left ankle athroscopy. Multiple medical reports from primary treating physician and consultants reviewed. The last report was available until 4/3/14. The most recent reports are not related to the wrist issue being reviewed. Last review of wrist related issue was a note on 3/24/14. Patient had bilateral carpal tunnel release procedure done on 4/17/13 and 5/16/13. Had cortisone injection done to wrist in the past. Had R elbow ulnar nerve transposition surgery in the past (12/2001). The patient most recent complaints appear related to headaches and stress. That patient continues to have complaints of neck pain and stiffness. Relating to wrist complain, the patient has noted continued right palm pain. There are notes of mild discomfort with hyperextension of right thumb and problems opening childproof caps. The beneficiary denies any right elbow pain except for mild sensitivity. An objective exam of wrist reveals the left palm well healed wound with full range of motion (ROM) and normal sensation. The right palm has mild tenderness to pillar region of palm. Negative Tinel's and normal Range of Motion (ROM) of wrist. There is minimal tenderness of right lateral elbow. There were multiple MRI's, the Electromyography (EMG) and X-ray reports are not relevant to this review. The patient had completed a series of physical therapy sessions after the carpal tunnel surgery with no significant improvement in pain. There was a request for additional sessions placed 1/6/14. There was another noted recommendation for hand/wrist physical therapy on 3/24/14. The current

medication list includes Amlodipine, Lisinopril, Propranolol, Excedrin, thyroid medication, also, Valium, Frova, Reglan and Prilosec. The Utilization review is for outpatient post-operative occupational therapy (12 sessions) for the right wrist. This review is related to the original request on 1/6/14 and not the new request noted on 3/24/14. Prior to the Utilization Review (UR) on 1/22/14 recommended recommended denial. Therefore, the request is not medically necessary and appropriate.

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

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

#### **OUTPATIENT POST OPERATIVE OCCUPATIONAL THERAPY, 12 SESSIONS FOR THE RIGHT HAND/WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WEB BASED EDITION, CARPAL TUNNEL CHAPTER.

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

**Decision rationale:** As per MTUS Post-surgical treatment guidelines, physical medicine sessions are recommended at a 3-month period with a maximum of 3-8 visits. Furthermore, there is no documented improvement of pain after the initial sessions and no documentation of a home education and self exercise program. The additional occupation therapy sessions for the right hand/wrist are not medically necessary.