

<b>Case Number:</b>	CM14-0111554		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/26/2004
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 53 year old female whose date of injury is 05/26/2004. EMG/NCV dated 05/19/14 revealed evidence of mild carpal tunnel syndrome, left greater than right, but all motor conduction velocities are normal. Treatment to date includes H-wave, cervical radiofrequency ablation, aquatic and massage therapy. Diagnosis is carpal tunnel syndrome. The most recent note submitted for review is dated 06/12/14. On physical examination only the cervical spine and shoulders are addressed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injections, carpal tunnel bilaterally:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web-Carpal tunnel syndrome-Injections

**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 chapter, Injections

**Decision rationale:** Based on the clinical information provided, the request for cortisone injections, carpal tunnel bilaterally is not recommended as medically necessary. There is no

comprehensive assessment of treatment for diagnosis of carpal tunnel syndrome completed to date or the injured worker's response thereto submitted for review. There is no current, detailed physical examination submitted for review. The Official Disability Guidelines note that injections will likely produce significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. Given the current clinical data, medical necessity is not established in accordance with ODG Carpal tunnel syndrome Chapter.

**Occupational therapy, bilateral wrists, 8 visits:** Upheld

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

**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 chapter, Physical medicine treatment

**Decision rationale:** Based on the clinical information provided, the request for occupational therapy bilateral wrists 8 visits is not recommended as medically necessary. There is no information submitted for review regarding occupational therapy completed to date or the injured worker's response thereto submitted for review. The Official Disability Guidelines support up to 1-3 sessions of occupational therapy for the injured worker's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines

**■■■■ membership, one year:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, web based 2012 "low back"-gym memberships

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Gym memberships

**Decision rationale:** Based on the clinical information provided, the request for ■■■■ membership, times one year is not recommended as medically necessary. There is no indication that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not recommend gym memberships as medical treatment as there is a lack of information flow back to the provider, and there may be risk of further injury to the injured worker.