

<b>Case Number:</b>	CM14-0111769		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/14/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/02/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/14/07 when she slipped on a puddle of water and fell forward, landing on her hands and knees. She has undergone an extensive evaluation. Treatments have included physical therapy and medications. She has a diagnosis of fibromyalgia/myofascial pain. EMG/NCS testing on 05/21/13 showed findings of bilateral carpal tunnel syndrome with the right side more affected. She was seen on 01/16/14. EMG/NCS test results were reviewed. She had not worked since February 2013. She was having pain which was rated at 6/10. Physical examination findings were consistent with possible thoracic outlet syndrome. She was seen by the requesting provider on 01/29/14. She was having ongoing constant neck pain radiating into the upper extremities rated at 8/10 and was having numbness and tingling in the right greater than left hand. Physical examination findings included decreased left upper extremity sensation. Lortab was prescribed. On 02/26/14 she had ongoing symptoms. Authorization for a cervical epidural steroid injection and EMG/NCS testing was requested. On 04/24/14 her history of injury was reviewed. She was having pain and numbness and tingling of the fingers. Prior medications had included Lyrica and Neurontin. Physical examination findings included a negative Tinel's' at the wrist and elbow. There was normal sensation. Waddell signs were positive. She was diagnosed with fibromyalgia and myofascial pain. Further treatment was not recommended. She subsequently underwent an open right carpal tunnel release on 05/05/14. She was evaluated for therapy on 05/08/14. She was having pain rated at 5/10. Physical examination findings included edema and decreased range of motion and grip strength. A course of therapy was planned including a home exercise program. As of 05/29/14 she had completed six sessions of therapy. She was performing a home exercise program. Pain was rated at 2/10. Physical examination findings included decreased right upper extremity strength. She continued to receive therapy treatments with nine documented through 06/18/14. On 06/24/14 she had

decreased grip and finger strength. Additional therapy for strengthening and a home exercise program was requested. Return to work was planned at the next visit.

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

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

#### **6 Additional Occupational Therapy Right Wrist 2 X 6: Upheld**

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

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

**Decision rationale:** The claimant is more than 7 years status post work-related injury and recently underwent an open right carpal tunnel release. Carpal tunnel release surgery is an effective operation that should not require extended therapy visits for recovery. Guidelines recommend 3-8 visits over 3-5 weeks with a post-operative period of three months. In this case, the claimant's surgery was uncomplicated and she has already received 6 treatments. Therefore, the request is not medically necessary per MTUS.