

<b>Case Number:</b>	CM14-0135836		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Preventive 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:

According to the records made available for review, this is a 43-year-old patient with a 2/17/12 date of injury, and status post carpal tunnel release, wrist flexor tenosynovectomy, release of ulnar Guyon's canal and right dorsal wrist ganglion cyst excision and submuscular transposition of ulnar nerve cubital tunnel 10/9/13. At the time (7/24/14) of request for authorization for occupational therapy, 2 times a week for 4 weeks, with a CHT (certified hand therapist) for the right hand, there is documentation of subjective (pain in the right little finger, numbness and tingling in the right 4th and 5th fingers, tenderness around the right elbow, difficulty moving right thumb, limited range of motion of the right wrist in all directions, and hypersensitivity to the right carpal tunnel scar) and objective (20 degrees dorsiflexion, 15 degrees palmar flexion, and significant weakness of the intrinsic muscles with incomplete opposition) findings, current diagnoses (right lateral epicondylitis, right medial epicondylitis, right cubital tunnel syndrome, right Guyon's canal neuropathy ulnar nerve, right carpal tunnel syndrome, right volar radial wrist ganglion cyst, right dorsal wrist ganglion cyst, right 5 fingers tendinitis, status post right carpal tunnel release, wrist flexor tenosynovectomy, release ulnar nerve Guyon's canal, and status post right dorsal wrist ganglion cyst excision, submuscular transposition ulnar nerve cubital tunnel), and treatment to date (TENS, H-wave, medications, and physical therapy x 37 visits). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy visits completed to date and a statement of exceptional factors to justify going outside of guideline parameters.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2 times a week for 4 weeks, with a CHT (certified hand therapist) for the Right Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) physical therapy

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of carpal tunnel release not to exceed 3-8 visits over 3-5 weeks. In addition, ODG recommends a limited course of physical therapy for patients with a diagnosis of post-surgical ulnar nerve entrapment not to exceed 20 visits over 10 weeks. Furthermore, ODG recommends a limited course of physical therapy for patients with a diagnosis of post-surgical ganglion cyst 18 visits over 6 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of right lateral epicondylitis, right medial epicondylitis, right cubital tunnel syndrome, right Guyon's canal neuropathy ulnar nerve, right carpal tunnel syndrome, right volar radial wrist ganglion cyst, right dorsal wrist ganglion cyst, right 5 fingers tendinitis, status post right carpal tunnel release, wrist flexor tenosynovectomy, release ulnar nerve Guyon's canal, and status post right dorsal wrist ganglion cyst excision, submuscular transposition ulnar nerve cubital tunnel. In addition, there is documentation of functional deficits. However, given documentation that the patient has completed 37 physical therapy visits to date, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy visits completed to date and a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for occupational therapy, 2 times a week for 4 weeks, with a CHT (certified hand therapist) for the right hand is not medically necessary.