

<b>Case Number:</b>	CM14-0024485		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Nevada. 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 who was reportedly injured on May 20, 2013. Previous treatment includes a right-sided carpal tunnel release, a right thumb CMC joint injection, and occupational therapy. The most recent progress note, dated February 4, 2014, indicates increasing numbness and tingling of the left-hand as well as left shoulder pain especially with overhead activities. The physical examination on this date revealed tenderness along the left wrist and a positive Tinel's and Phalen's sign. Examination of the left shoulder revealed subacromial crepitus and tenderness. There was a positive impingement sign and a negative drop arm test, Speed's test, and O'Brien's test. Diagnostic nerve conduction studies dated June 17, 2013, revealed a moderate to severe right-sided carpal tunnel syndrome as well as slight severity of left carpal tunnel syndrome a request had been made for a wrist splint, left shoulder physical therapy and left wrist occupational therapy and was not certified in the pre-authorization process on February 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wrist splint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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, Splinting, Updated February 20, 2014.

**Decision rationale:** A review of the medical record indicates that this wrist splint is requested for postoperative treatment after he left wrist carpal tunnel release. According to the official disability guidelines wrist splinting is indicated as an option in conservative treatment but not for postoperative care. As such, this request for a left wrist splint is not medically necessary.

**Left shoulder physical therapy qty: 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine, except for cases of unstable fractures, acute dislocations, instability, or hypermobility, patients can be advised to do home exercise after a few visits of physical therapy. Considering that this request is for 12 visits, this request for left shoulder physical therapy is not medically necessary.

**Left wrist occupational therapy qty: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Postoperative Physical Therapy Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines recommends 3 - 8 visits of postoperative physical therapy for carpal tunnel release. As this request is for 12 visits, this request for left wrist occupational therapy is not medically necessary.