

<b>Case Number:</b>	CM14-0027204		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	09/09/2009
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Orthopedic Surgery and Hand Surgery, and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 9/9/09. The mechanism of injury was cumulative trauma. The injured worker was diagnosed with bilateral carpal tunnel syndrome and received a carpal tunnel release surgery of the bilateral hands with good results. The injured worker had a recurrence of symptoms in 2010, and received an EMG in 2012. It was reported that the injured worker did not receive any other treatment until 2013. The injured worker was referred for a course of therapy and participated in at least 24 sessions since her revision medial epicondylectomy and ulnar decompression surgeries on the left arm (7/29/13). Despite surgical and therapeutic interventions, the injured worker continues to complain of numbness and tingling in the right ring and little finger, and locking of those fingers as well. The injured worker also complains of left thumb, wrist, and elbow pain; however, this pain is rated at 2-3/5 with exacerbations of up to 5/5. According to a recent EMG/NCV performed on 1/21/14, the injured worker continues to exhibit evidence of right carpal tunnel syndrome affecting the sensory and motor components, but without denervation.

### 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 FOR THE LEFT ELBOW AND LEFT THUMB:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 18.

**Decision rationale:** The Postsurgical Treatment Guidelines state that up to 20 visits of postoperative physical therapy are appropriate for cubital tunnel surgery, and up to 12 sessions are appropriate after surgery for medial epicondylitis. As the injured worker has received at least 24 sessions of physical therapy since her date of surgery and she exceeds the six-month postsurgical treatment, these guidelines do not apply. As such, the Chronic Pain Medical Treatment Guidelines will be applied. These guidelines recommend up to ten physical therapy visits for an unspecified myalgia or myositis after an initial six visits has been determined effective. The physical therapy note dated 9/6/13 indicated the injured worker's thumb range of motion at the IP was up to 30 degrees, MCP up to 19 degrees, palmar abduction up to 40 degrees, and radial abduction to 34 degrees. These same therapy notes submitted for review indicated that the elbow was functioning within normal limits. The most recent documentation of range of motion values was dated 1/13/14. On this date, the injured worker was found to have 44 degrees at the IP, 50 degrees MCP, 39 degrees of palmar abduction, and 36 degrees of radial abduction. Within the four months of physical therapy, the injured worker was unable to significantly increase her ranges of motion and therefore, additional sessions are not likely to benefit. Furthermore, there is no recent assessment of the injured worker's range of motion values, obtained at the completion of her physical therapy treatment in early February 2014. Without this information, a thorough assessment of physical therapy benefit cannot be performed. In addition, the request for eight sessions of therapy exceeds guideline recommendations. As such, the request for occupational therapy is non-certified.

**PAIN MANAGEMENT SPECIALIST REFERRAL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The California MTUS/ACOEM guidelines recommend that referrals be made for conditions with which the treating physician is uncomfortable treating. As the injured worker is over four years post injury and continues to have significant pain complaints despite multiple surgical interventions and extensive physical therapy, it is appropriate that she be referred to a pain specialist. As such, the request is certified.