

<b>Case Number:</b>	CM14-0040574		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/20/2007
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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, has a subspecialty in Interventional Spine, 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 patient is a 61-year-old male with date of injury of 03/20/2007. The listed diagnoses per the provider dated 09/13/2013 are status post right carpal tunnel release from 08/09/2013, and status post right De Quervain's release 08/09/2013. According to this report, the patient is three weeks postoperative for right carpal tunnel release and right De Quervain's release. The patient reports right hand/wrist/thumb pain at a rate of 9/10 with occasional numbness. The objective findings show there is a well-healed incision at the right wrist/thumb. Range of motion is extension 25, flexion 25. No other findings were noted on this examination. The utilization review denied the request on 02/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for eighteen (18) additional occupational therapy sessions:** Upheld

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

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

**Decision rationale:** This patient presents with right hand/wrist/thumb pain. The patient is status post right carpal tunnel release and right De Quervain's release from 08/09/2013. The treating physician is requesting 18 additional occupational therapy sessions. The patient's surgery is from 08/09/2013 and is past the three month time frame for post-operative therapy. The MTUS Guidelines on physical medicine recommend 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The physical therapy notes from 10/07/2013 to 10/28/2013 show seven (7) physical therapy sessions that the patient received. The SOAP (subjective, objective, assessment, and plan) note on 10/28/2013 documents that the patient continues to report discomfort in the right wrist during pull down exercises and decreased pain in the right wrist when forearm is corrected during pulldown. The initial occupational therapy evaluation dated 11/19/2013 shows that the patient continues with limitations in the right wrist range of motion, thumb range of motion, grip and pinch strength. The occupational therapy report dated 12/26/2013 documents visit 12 out of 12, showing that the patient has improvements with the right wrist, extension, and thumb extension. In this case, the patient has received some twelve (12) occupational therapy visits to date. The treating physician does not provide a rationale why additional sessions are recommended for this patient. The patient should be able to start a self-directed home exercise program to improve range of motion and strength. The recommendation is for denial.