

<b>Case Number:</b>	CM14-0044633		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Occupational 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:

This is a 49-year-old female with a 10/07/09 date of injury, when she injured her left wrist due to repetitive work. On 2/11/14 the patient was certified for 8 sessions of occupational therapy (OT) for the wrist. A progress note from 3/4/14 stated that she had 38 OT sessions to date. A progress note dated 4/29/14 stated the patient was status post left endoscopic carpal tunnel release as well as a triangular fibrocartilage complex debridement. Exam findings revealed full range of motion in the hands and wrists, as well as sensation and motor exam were intact. Slight tenderness was noted over the dorsal-ulnar aspect of the right wrist. She was noted to have improved since her surgery. The patient was seen on 7/2/14 with complaints of the neck pain radiating to bilateral upper extremities, right worse than left. She also reported tenderness in the right elbow. Exam findings revealed negative Tinel's sign bilaterally and intact sensation in bilateral upper extremities. The diagnosis is carpal tunnel syndrome, lumbosacral neuritis, and cervical syndrome 7/2/14 Electromyogram (EMG) and Nerve Conduction Studies of the upper extremities showed no electrodiagnostic evidence of brachial plexopathy or mononeuropathy involving bilateral median, ulnar and radial nerves. Treatment to date: left wrist arthroscopic debridement on 1/3/14; cervical fusion on 06/12, OT and acupuncture. An adverse determination was received on 3/14/14 given there was no sufficient documentation or rationale for continued occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Occupational Therapy 3x4 for left wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. It is unclear how many sessions of Occupational Therapy (OT) the patient completed. The progress note from 4/29/14 stated that the patient had full range of motion and no neurological deficits in the left wrist. Hence, it is unclear why the patient has not been transitioned into an independent home exercise program. Therefore, the request for continued Occupational Therapy three times four for left wrist was not medically necessary.