

<b>Case Number:</b>	CM14-0051725		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/17/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Pain 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 patient with a date of injury of February 17, 2012. A utilization review determination dated March 20, 2014 recommends modified certification of occupational therapy. The 8 visits of occupational therapy initially requested were modified to recommend certification of 4 occupational therapy visits. A progress report dated March 14, 2014 indicates that the patient underwent right dorsal wrist ganglion cyst excision on October 9, 2013. The note indicates that occupational therapy should focus on the right elbow, forearm, wrist, fingers and thumb with aggressive range of motion. A progress report dated March 12, 2014 indicates that the patient has undergone 38 therapy sessions. The patient continues to report severe pain in her thumb and spasm in the hand. She has ongoing difficulty using her right thumb to pinch and hold an object. The patient is having difficulty performing a resistive exercise home program. The note recommends continued therapy 2 times a week for 6 weeks. A utilization review determination dated March 11, 2014 recommends certification for an MRI of the right wrist. A progress report dated March 3, 2014 indicates that the patient has much improved range of motion in the right 5 fingers and full range of motion of the right elbow with improving rotation of the right forearm. There are also incremental increases in palmar flexion and dorsiflexion of the right wrist. The treatment plan indicates that the patient is responding to therapy as well as a dynasplint and recommends ongoing therapy due to the patient's low-pain threshold and excess internal scar tissue formation. A therapy note dated February 27, 2014 indicates that the patient has made significant improvement in range of motion in the last 3 months of therapy. A utilization review determination dated February 4, 2014 recommends certification for 8 visits of physical therapy. The note indicates that the patient had 28 sessions of therapy with interruption which resulted in a setback and the need for a dynasplint. Additionally, it indicates that the patient underwent carpal tunnel release, ganglion cyst removal, and flexor/extensor tenosynovectomy. A report

dated January 6, 2014 indicates that following surgery, the patient underwent 18 postoperative physical therapy sessions with improved range of motion. The note indicates that multiple attempts have been made to continue the patient's physical therapy, and that a right wrist Dynasplint is now needed to avoid further deterioration.

### **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 (date of service: 03/03/2014):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment of Workers' Compensation, Carpal Tunnel Syndrome Procedure Summary and the Elbow Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 200, 265, Postsurgical Treatment Guidelines Page(s): 8-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy and Carpal Tunnel Syndrome, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy 8 visits, Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. ODG recommends occupational/physical therapy in the management of carpal tunnel syndrome. ODG additionally recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. Postsurgical treatment guidelines recommend up to 20 sessions following decompression surgery, 8 following carpal tunnel release, 18 following ganglion cyst removal, 14 following flexor tenosynovectomy and 14 following extensor tenosynovectomy. Within the documentation available for review, it is clear the patient has had an extensive and complex surgical procedure with a complicated rehabilitation course. The patient has been documented as making objective functional gains of the therapy provided. There is one setback noted due to a delay in continuing the patient's postoperative therapy. This has increased the complexity of the case and required additional physical therapy as well as the use of a dynasplint. Although the postoperative therapy recommendations are not additive, it should be presumed that rehabilitation from such an extensive surgical procedure would exceed any of the individual recommendations alone. Additionally, the added complexity of the setback should also be considered when determining the total number of therapy sessions which may be indicated. Therefore, in light of the objective improvement previously noted, ongoing objective treatment goals, complexity of the initial surgical procedure, and complexity of the patient's rehabilitation course, the additional 8 therapy visits are medically necessary.