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| <b>Case Number:</b>   | CM14-0052555 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 06/02/2011 |
| <b>Decision Date:</b> | 08/15/2014   | <b>UR Denial Date:</b>       | 03/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/21/2014 |

### 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 & 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 52-year-old male with a date of injury of 06/02/2011. The listed diagnoses per [REDACTED] are: status post right upper extremity major retraction injury; status post right shoulder, cervical spine and scapular injury; right carpal tunnel syndrome; right ulnar neuropathy; right brachial plexopathy; and right chronic active C5-C6 moderate severe cervical radiculopathy. According to progress report on 03/04/2014 by [REDACTED], the patient presents with weakness in the right hand, numbness in the tip of fingers, and pain in the neck and right shoulder. Examination revealed irregular sensation to the right fingers as compared to the left on light touch exam. There is positive median nerve compression test and positive ulnar nerve compression test. The treater states the patient requires reconditioning of the right upper extremities and needs occupational therapy. He is recommending occupational therapy 2 times a week for 4 weeks to begin reconditioning of the right upper extremity. Utilization review denied the request on 3/27/14 stating the current request exceeds guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times per week for 4 weeks #8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines (ODG-TWC), Carpal Tunnel Syndrome (Acute &

Chronic), Physical Medicine Treatment and Official Disability Guidelines (ODG), Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** This patient presents with weakness in the right hand, numbness in the tip of fingers, and pain in the neck and right shoulder. The treater is requesting additional occupational therapy 2 times a week for 4 weeks for reconditioning of the right upper extremity. For carpal tunnel syndrome, MTUS page 15 allows for 3-8 sessions over 3-5 weeks. The utilization review indicates the patient most recently received 12 occupational therapy sessions. The agreed medical evaluation (AME) report 12/20/2013 indicates the patient participated in therapy throughout 2011. The total number of therapy received to date is unclear. In this case, the requested eight additional sessions with the 12 already received exceeds what is recommended by MTUS. Furthermore, the treater does not discuss why the patient would not be able to participate in a self-directed home exercise program. Recommendation is not medically necessary.