

<b>Case Number:</b>	CM14-0062761		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 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 37 year-old patient sustained an injury on 7/12/13 while employed by [REDACTED]. Request under consideration include Occupational therapy 12 visits, 2x/wk for 6 weeks. Conservative care has included at least 24 occupational therapy sessions, splints, medications, and modified activities/rest. EMG/NCV dated 9/3/13 showed right carpal and cubital tunnel syndromes. Report of 4/7/14 from the provider noted the patient with complaints of constant pain at the medial and lateral right elbow; right wrist symptoms have largely resolved. Elbow symptoms are most notable with lifting activities. Exam of the right upper extremity showed normal range of motion at all joints in the elbows, wrists without swelling, effusion, crepitus or instability noted; normal alignment and contour of upper extremity without obvious pathological or visible asymmetry; Elbow joint showed mild tenderness over extensor muscles distal to lateral epicondyle, but no focal tenderness of conjoint tendon; mild diffuse tenderness medially over flexor-pronator muscle origin at medial epicondyle; tender cubital tunnel without referred pain with resisted wrist flexion or extension or finger extension; normal sensory at fingertips; no muscle atrophy; negative Tinel's; no ulnar nerve subluxation at tunnel without swelling; positive median nerve compression test on right/ negative on left. Diagnoses included carpal tunnel syndrome and ulnar nerve lesion. The request for Occupational therapy 12 visits, 2x/wk for 6 weeks was partially-certified for 2x/wk for 3 weeks on 4/18/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy (OT) 12 visits, 2x per week for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel syndrome, physical medicine treatment, physical medicine guidelines and the Elbow Chapter, Physical Therapy Guidelines.

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

**Decision rationale:** The patient has received at least 24 OT visits with recent certification for an additional 6 sessions. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the OT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions for essentially unremarkable clinical findings with intact range, sensation, and motor strength. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal OT in a patient that has been instructed on a home exercise program for this July 2013 injury. Submitted reports have not adequately demonstrated the indication to support further therapy beyond guidelines recommendations. The request for Occupational therapy 12 visits, 2x/wk for 6 weeks is not medically necessary and appropriate.