

<b>Case Number:</b>	CM14-0068425		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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:

The applicant is a represented [REDACTED] employee who has apparently filed a claim for wrist and hand pain reportedly associated with an industrial injury of June 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; a wrist brace; topical Ketoprofen; reported diagnosis with carpal tunnel syndrome versus de Quervain's tenosynovitis versus triangular fibrocartilage tear; and a wrist splint. In a Utilization Review Report dated April 25, 2014, the claims administrator partially certified request for 12 sessions of physical therapy as two sessions of physical therapy, citing ACOEM Chapter 11, page 265. The claims administrator did not state how much prior physical therapy the applicant had had through that point in time. The applicant's attorney subsequently appealed. In a hand surgery note dated November 21, 2013, it was stated that the applicant had initially filed for pain secondary to cumulative trauma at work; 3/10 pain was noted. The applicant had comorbidities including hypertension. The attending provider stated that the applicant was working and had not missed any time from work. The applicant was given diagnosis of TFCC tear, de Quervain's tenosynovitis, and carpal tunnel syndrome. A brace was endorsed. The applicant was given various operative and non-operative options. On April 28, 2014, the applicant reported persistent complaints of wrist and hand pain, 6-7/10. The applicant had apparently been offered a carpal tunnel release surgery, it was stated, but apparently had not yet pursued the same. The applicant had reported derivative complaints of insomnia. The applicant was not working, it was stated, as she was classified as a seasonal employee who had returned to work in June 2014. A topical compounded medication, Tylenol, a 12-session course of Physical Therapy, and a wrist splint were endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 initial Occupational Therapy Evaluation and Treatment for the left hand/wrist, 2 times a week for 6 weeks, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

**Decision rationale:** The request was posited as an initial request by the claims administrator. As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 48, the value of physical therapy increases when an attending provider gives the therapist specific description of the lesion and/or diagnosis causing an applicant's symptoms. ACOEM further suggests that an attending provider furnish a prescription which "clearly states treatment goals." In this case, however, the request, as written, did not clearly state treatment goals. It was not clearly stated why such a lengthy course of treatment is being sought. It was not clearly stated whether or not the applicant was intent on pursuing a surgical remedy versus non-operative treatment. It was not clearly stated how much (if any) prior physical therapy treatment the applicant had or had not had. The attending provider did not outline any treatment goals and did not, for instance, state that the physical therapy in question was being performed in an effort to avoid surgical intervention, for instance. Therefore, the request is not medically necessary.