

<b>Case Number:</b>	CM14-0074108		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 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:

According to the records made available for this review, this is a 54-year-old male with the date of injury of 9/25/13 with right upper extremity pain attributed to using power tools working as a dental assistant. There is a handwritten PR-2 from orthopedics that indicates that this is the 1st visit with that provider. There are complaints of residual numbness right hand and fingers, aching pain in the bilateral hands and waking up at night. On exam there is tenderness in the right forearm, pain with range of motion; positive Adson's test left, negative Tinell's, negative Phalen's. Diagnoses were bilateral wrist S/P CTR, DeQuervain's syndrome, right forearm tendinitis, TOS. Patient was given Soma and Norco and OT, 12 sessions bilateral upper extremities were requested. There is also a handwritten form entitled Patient First Report that said that there is no specific injury, only over use due to using power tools as a dental assistant. The patient had treatment at a different medical group on 11/13 (L) wrist with decreased pain after surgery aggravated after OT (occupational therapy); right wrist 2 months later CTR (carpal tunnel release) and tend. There were x-rays and a nerve test. Says the patient had CTR and tendon release on the right wrist and hand tendon release on the left wrist. The patient was complaining of constant aching pain at the palm with numbness in tips of fingers. There is no mention of what the patient's current functional limitations are either in terms of ability to work or activities of daily living. There is no mention when the patient last had treatment. The patient was placed off of work and it is not known if he was working prior to the time of the evaluation. Specific functional goals of treatment are not mentioned. There is no information available from the previous treating facility thus nothing is known regarding the extent of the patient's postoperative treatment or his response to same. The requesting report does not provide any information from the patient about that either.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy two times a week for six weeks, for bilateral upper extremities.:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2  
Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16, 18-20.

**Decision rationale:** The available medical records do not indicate whether or not the patient actually completed his postoperative physical therapy for the surgery. At this point, he is likely outside the postsurgical physical medicine treatment period of 3 months for carpal tunnel syndrome but he may not be out of the 6 months' time frame for a tendon release. Nothing is documented about what if any specific benefits the patient derived from the postoperative therapy either. If the postop PT was completed then MTUS chronic pain guidelines would apply. However there is no documentation that any of his symptoms are new or progressive. Note is made that there might be a new diagnosis of TOS (which is usually the abbreviation for thoracic outlet syndrome.) There is no documentation of the specific functional goals of treatment and what the patient's current functional limitations are. Thus there is no baseline from which to judge patient's future progress. Therefore the requesting report fails to provide adequate clinical information to justify the medical necessity for the treatment being requested. Therefore, based on the guidelines and review of the evidence presented this request is not considered to be medically necessary.