

<b>Case Number:</b>	CM14-0085418		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Illinois. 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 injured worker is a 44-year-old female who reported an injury on 02/01/2012. The mechanism of injury was not provided for clinical review. The diagnoses included left lower wrist ganglion cyst, left FCR tenosynovitis, bilateral forearm tendonitis, bilateral carpal tunnel syndrome, trapezial SLAP, paracervical and parascapular strain, and cervical arthrosis/radiculopathy. Previous treatments included medication, TENS unit, and epidural steroid injections. Within the clinical note dated 06/11/2014, it was reported the injured worker complained of pain in her neck, which radiated into her hands with numbness. She complained of weakness in her arms. The injured worker complained of chronic pain and an inability to work. Upon the physical examination, the provider noted the injured worker had decreased range of motion of the cervical spine with pain. The provider noted slight trapezial, paracervical, parascapular tenderness. The injured worker had a positive Tinel's at the cubital tunnels bilaterally. The elbow flexion test was positive on the right and negative on the left. The injured worker has a positive Phalen's test. The provider requested for occupational therapy to strengthen her upper extremities. The Request for Authorization was provided and submitted on 06/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Occupational Therapy Sessions for the Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), Physical/Occupational Therapy, Forearm, Wrist, & Hand (Acute & Chronic).

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

**Decision rationale:** The request for 12 occupational therapy sessions for the bilateral upper extremities is not medically necessary. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. The number of sessions requested exceeds the guideline recommendations of 8 to 10 visits. Therefore, the request is not medically necessary.