

<b>Case Number:</b>	CM14-0113628		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 50-year-old woman who sustained a work-related injury on April 1, 2013. Subsequently, she developed chronic hand/wrist pain. The patient underwent left carpal tunnel release on February 19, 2014. However, after the surgery, the patient noted significant postoperative stiffness of the hand and wrist. According to the progress report dated June 18, 2014 the patient noted pain over the dorsal aspect of the index finger and pain and numbness at the elbow. She has been using a nocturnal splint to work on wrist extension but she has difficulty tolerating this. She has been taking Norco during therapy. Examination of the upper extremities revealed very mild low-grade swelling of the left hand. There was full digital extension and continued mild decreased digital flexion. Mild to moderate decreased wrist extension. Thenar motor function was intact. Neurovascular examination was intact. There was tenderness over the dorsal aspect of the left index finger. The patient was diagnosed with bilateral carpal tunnel syndrome, status post left carpal tunnel release, and left hand and wrist stiffness. The provider request authorization for Occupational Therapy for hand/wrist 2 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy for hand/wrist 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS guidelines, Physical Medicine is <Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)>.In this case, the patient underwent several physical therapy sessions without documentation of clear benefit. The progress report of June 2014 documented that the patient has been taking Norco for pain, especially during therapy and there is no documentation of reduction of pain medications with physical therapy . Therefore Occupational Therapy for hand/wrist 2 times a week for 4 weeks is not medically necessary.