

<b>Case Number:</b>	CM14-0023416		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	07/23/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Minnesota, Florida  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 47 year old female sustained work related industrial injuries on July 23, 2009. The mechanism of injury was not described. The injured worker was currently treated for status post left cubital and carpal tunnel release, status post right cubital and carpal tunnel release, status post right tennis elbow release and resolved left tennis elbow. Treatment consisted of prescribed medications, occupational therapy, consultation and periodic follow up visits. Per treating provider report dated January 22, 2014, the injured worker reported some numbness over the tip of the fingers on the left side. Physical exam revealed well healed wounds with full range of motion. The treating physician prescribed services for continued occupational therapy 2x week x 6 weeks left wrist/elbow now under review. On February 17, 2014, the Utilization Review (UR) evaluated the prescription for occupational therapy 2x week x 6 weeks left wrist/elbow requested on February 10, 2014. Upon review of the clinical information, UR non-certified the request for occupational therapy 2x week x 6 weeks left wrist/elbow, noting the lack of clinical documentation to support inability to continue with home exercise program or that continuation with occupational therapy would provide significant benefit. The MTUS Guidelines was cited. On February 24, 2014, the injured worker submitted an application for IMR for review of occupational therapy 2x week x 6 weeks left wrist/elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 2xweek x 6 weeks left wrist/elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** Per AME of January 29, 2014 the injured worker had undergone a right carpal tunnel release on August 7, 1996, a right lateral elbow release on July 14, 2010, a right cubital tunnel release on September 11, 2010 and a right carpal tunnel release redo on August 6, 2013. On the left side she had undergone a left carpal tunnel release on June 7, 1996, and a left cubital tunnel release and left carpal tunnel release revision on December 3, 2013. The operative report dated 12/3/2013 indicates a left carpal tunnel release, in situ left cubital tunnel release, and left wrist flexor tenosynovectomy were performed. The postoperative diagnosis was left wrist flexor tenosynovitis, left carpal tunnel syndrome and left cubital tunnel syndrome. Occupational therapy note of February 24, 2014 indicates that all 10 fingertips were numb at times. A progress note dated April 23, 2014 indicated numbness and paresthesias bilaterally in the hands, forearms, wrists, and elbows. The provider suggested evaluation of the cervical spine from the point of view of radiculopathy. On May 6, 2014 the occupational therapy notes indicate bilateral arm pain/numbness, right more than left. A request for additional occupational therapy 2 x 6 for the left wrist and elbow was noncertified by utilization review on 2/17/2014. There was no clinical documentation of inability to continue with the home exercise program and no objective evidence of continuing functional improvement with the occupational therapy. The decision of 2/17/2014 is appealed to an IMR. The documentation indicates that postoperative physical therapy was started on 12/11/2013. 5 visits had been completed by 2/10/2014. The utilization review notes were not provided and so the number of authorized visits are not known. California MTUS postsurgical guidelines indicate there is limited evidence demonstrating the effectiveness of physical therapy or occupational therapy for carpal tunnel syndrome. The evidence may justify 3-5 visits over 4 weeks after surgery up to a maximum of 3-8 visits over 3-5 weeks. The initial course of therapy is half this number. Then with documentation of continuing functional improvement the subsequent half may be prescribed. However, for cubital tunnel syndrome the guidelines indicate an initial period of therapy of 10 visits and with documentation of objective functional improvement another 10 visits may be prescribed. The request as stated is for the wrist and the elbow. The occupational therapy notes indicate good motion in the wrist and elbow and the main complaint was continuing intermittent numbness in the fingertips of both hands. The provider suggested a workup for cervical radiculopathy. The request for additional occupational therapy 2 x 6 for the left wrist and elbow was not supported for the wrist as it exceeded the guidelines; it was also not supported for the elbow as it exceeded the initial course of therapy of 10 visits. At the same time, the documentation indicates good motion in the elbow and there was no reason why transition to a home exercise program for continuing strengthening and range of motion exercises would not have sufficed. As such, the combined request for both the wrist and elbow 2 x a week x 6 weeks additional occupational therapy was not supported by guidelines and the medical necessity was not established.