

<b>Case Number:</b>	CM15-0001877		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/24/2009
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 64 year old male, who sustained an industrial injury on 2/24/09. The diagnoses have included right forearm and hand pain, wrist pain, status post right carpal tunnel release, status post right ulnar nerve release and right ulnar neuropathy. Past medical history included hypertension and hyperlipidemia. Past surgical history included 3 right forearm and hand surgeries including carpal tunnel release. Treatment to date has included physical therapy, surgery and medications. Per the physician's progress note from 9/18/2014, the injured worker complained of right forearm and hand pain associated with numbness since his injury. He now had mainly tingling and numbness associated with weakness in the right upper extremity. He had difficulty lifting and carrying heavy objects. He reported pain as tolerable 3-4/10. Objective findings noted that the injured worker was grossly protective of his right upper extremity. Dyesthesia was noted to light touch in the right ulnar nerve distribution. Decreased grip strength was noted in the right hand intrinsic muscles. Treatment plan included Gabapentin for neuropathic pain. Electromyography and nerve conduction study from 11/11/2010 showed severe right ulnar neuropathy with ongoing denervation. Authorization was requested for 8-12 sessions of occupational therapy for range of motion and stretching exercises for the right wrist and hand, and for right wrist and hand custom splint thermoplastic to be fitted in occupational therapy. On 12/1/2014, Utilization Review (UR) non-certified a request for occupational therapy 8-12 sessions, 2 x week x 4-5 weeks for the right hand/wrist, noting that the injured worker had undergone extensive postoperative physical therapy and would be anticipated to have transitioned to a home rehabilitation program. The MTUS was cited. UR non-certified a request

for a right hand/wrist custom splint thermoplastic noting that it was not clear why the injured worker would currently require a custom splint or if the injured worker was previously provided a splint. ACOEM guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OT 8-12 sessions 2x4-5 weeks for the right hand/wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed records reported the worker was suffering from right forearm and hand pain, right wrist pain, and right ulnar neuropathy. There was no discussion detailing the reasons additional occupational therapy sessions were required or explaining the expected benefits beyond those expected from the home exercise program. In the absence of such evidence, the current request for eight to twelve sessions of occupational therapy twice weekly for four to five weeks for the right hand and wrist is not medically necessary.

**Right hand/wrist custom splint thermoplastic:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-278.

**Decision rationale:** The ACOEM Guidelines support the short-term use of splinting or immobilization as first-line treatment for DeQuervain's syndrome, carpal tunnel syndrome, new strains, and other conditions that cause inflammation. Splinting for carpal tunnel syndrome is generally restricted to night use. Immobilization should not interfere with total body activity. The submitted and reviewed records reported the worker was suffering from right forearm and hand pain, right wrist pain, and right ulnar neuropathy. There was no discussion suggesting any of the above conditions or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a custom thermoplastic splint for the right hand and wrist is not medically necessary.

