

<b>Case Number:</b>	CM15-0004528		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	02/04/2003
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 2/4/2003. The current diagnoses are subluxing extensor tendon, right 3, trigger finger, right 1-3 and left 1, sympathetic mediated pain syndrome of the bilateral upper extremities, radioulnar joint injury, left wrist, triangular fibrocartilage complex tear, left wrist, neuropathy, and status post trigger finger release 1 digit. Currently, the injured worker complains of left and right hand pain. The pain is described as "on fire". The pain in the left hand is rated 10/10 and in the right hand as 6-7/10. Pain is burning and aching in nature. Additionally, she reports numbness in the last 3 digits on the left hand, but she is noting return of sensation in the 4th and 5th digits. Current medications are Naproxen, Oxycodone, Senokot, Trepadone, Cyclobenzaprine, Percura, and Terocin. Treatment to date has included medications, splinting, and physical therapy. The treating physician is requesting 34-36 sessions of occupational therapy for the bilateral hands, which is now under review. On 12/19/2014, Utilization Review had non-certified a request for 34-36 sessions of occupational therapy for the bilateral hands. The occupational therapy was non-certified based on the clinical information submitted and using the evidence-based, peer-reviewed guidelines. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy, 34-36 sessions for the bilateral hands:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy Page(s): 74, 98-99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-MTUS Citation MD Guidelines; carpal tunnel

**Decision rationale:** MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite "limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery." MTUS continues to specify maximum of "3-8 visits over 3-5 weeks." MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. MTUS and ODG state regarding wrist occupational therapy, "Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved." The request number of session is in excess of the guidelines. As such, the request for Occupational therapy, 34-36 sessions for the bilateral hands is not medically necessary.