

<b>Case Number:</b>	CM15-0143015		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/18/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52-year-old female, who sustained an industrial injury on 8-18-14. The diagnoses have included bilateral carpal tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, splinting, 6 sessions of occupational therapy, injections, and other modalities. Currently, as per the physician progress note dated 5-21-15, the injured worker complains of bilateral chronic wrist pain. The diagnostic testing that was performed included x-rays of the bilateral hands and electromyography (EMG) and nerve conduction velocity studies (NCV) of the bilateral upper extremities. The physical exam reveals right wrist pain with palpation and limited range of motion and left wrist pain with palpation and limited range of motion. There is muscle wasting noted in the thenar area of the right hand and thenar wasting noted in the left hand. The pain is rated 5 out of 10 on the pain scale. The physician requested treatment included Occupational therapy 3 times a week for 2 weeks of the bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 3 times a week for 2 weeks of the bilateral wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 104. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter six, pages 113-114.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, Physical medicine treatment.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 1-3 visits for medical treatment of CTS. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.