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| <b>Case Number:</b>   | CM15-0143028 |                              |            |
| <b>Date Assigned:</b> | 08/03/2015   | <b>Date of Injury:</b>       | 04/11/2014 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 07/22/2015 |
| <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:

This 50-year-old female sustained an industrial injury to bilateral wrists. Electromyography bilateral upper extremity (6-6-14) showed bilateral carpal tunnel syndrome. Previous treatment included physical therapy, left carpal tunnel release (undated), bracing and medications. The injured worker underwent right carpal tunnel release on 4-30-15. The injured worker received six sessions of postoperative occupational therapy. In an Occupational therapy discharge note, the injured worker reported feeling less tender overall. The occupational therapist noted that the injured worker had full wrist and hand range of motion with much less tenderness to palpation. The occupational therapist stated that therapy goals had been met and that the injured worker was discharged to home exercise. In a PR-2 dated 6-12-15, the injured worker complained of ongoing pain through her right hand. The injured worker stated that the left had had continued to improve and the strength was coming along. The injured worker continued to report a great deal of discomfort in the left hand. Physical exam was remarkable for well healed surgical incisions with some ongoing fullness through the area of release on the right and improved minimal swelling on the left with good range of motion and some pain behavior. Current diagnoses included status post bilateral carpal tunnel release. The physician noted that he discussed returning to modified duty at work. The injured worker stated that she felt she should remain off work. The physician stated that she could remain off work if her employer was unable to accommodate modifications. The physician noted that the injured worker appeared to need a great deal of support due to her high level of perceived discomfort and difficulties following surgery. For this, the physician was requesting further therapy. The physician was requesting additional occupational therapy for bilateral wrists twice a week for four weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy bilateral wrists 2 times a week for 4 weeks in house:** Upheld

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

**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.