

<b>Case Number:</b>	CM15-0167951		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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

### 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 37 year old female, who sustained an industrial injury on 5-23-2011. The medical records submitted for this review did not include documentation regarding the initial injury. The diagnoses included status post left carpal tunnel release; status post left de Quervain's tenosynovectomy, status post carpal tunnel release and de Quervain's release. Treatment to date has included activity modification, medication therapy, and therapeutic injection. Currently, she complains of increasing pain in the right elbow and forearm. There was short term pain relief with an injection to the radial tunnel at the last visit 6-2-15. On 7-21-15, the physical examination documented tenderness to the radial tunnel and a positive Finkelstein's maneuver. The plan of care included a request to authorize eight occupational therapy sessions, 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 for the right elbow, twice weekly for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome Chapter, under Physical Medicine Treatment.

**Decision rationale:** The patient presents on 07/21/15 with right elbow pain. The patient's date of injury is 05/23/11. Patient is status post bilateral carpal tunnel release, most recently on the right in January 2015. The request is for OCCUPATIONAL THERAPY FOR THE RIGHT ELBOW, TWICE WEEKLY FOR FOUR WEEKS. The RFA is dated 08/07/15. Physical examination dated 07/21/15 reveals well healed surgical scars, mild tenderness to palpation of the common extensor origin, discomfort with wrist extension, tenderness to palpation of the right radial tunnel and first dorsal compartments bilaterally. Finklestein's test is mildly positive bilaterally. The patient is currently prescribed Zyrtec, Vitamin D, Trazodone, Fluticasone, Ibuprofen and Tramadol. Patient is currently not working. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Official Disability Guidelines, Carpal Tunnel Syndrome Chapter, under Physical Medicine Treatment has the following: Carpal tunnel syndrome (ICD9 354.0): Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks. Post-surgical treatment (open): 3-8 visits over 3-5 weeks. In regard to the 8 sessions of occupational therapy for this patient's hand complaint, the requesting physician has exceeded guideline recommendations. Progress note dated 02/23/15, which was a 6-week post-operative visit indicates that this patient was given a prescription for physical/occupational therapy for her bilateral wrist complaints - though the supporting documentation does not indicate whether these sessions were ever completed. The RFA is dated 08/07/15, therefore the patient cannot be considered in the immediate post-operative phase. Without a clearer picture of the number of completed physical/occupational therapy sessions to date, the request for 8 additional sessions cannot be established as compliant with guideline recommendations. Were the provider to indicate that the aforementioned physical therapy sessions were never carried out, the recommendation would be for approval. However, without further information the request cannot be substantiated and IS NOT medically necessary.