

<b>Case Number:</b>	CM15-0168780		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Massachusetts

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 55-year-old right hand dominant female who sustained an injury on 7-31-13. Diagnoses include right carpal tunnel syndrome; osteoarthritis of right first CMC joint. Treatment included right carpal tunnel release; trapeziectomy; and wrist release tendon on 4-30-15. Medications included Zofran; Norco 5-325 mg; Acetaminophen 500 mg. On 7-17-15, the medical examination reports that she still complains of some tingling in the median 3 digits and a lot of pain in the radial wrist. She was in occupational therapy. There is limited range of motion and radial deviation; tenderness over the radial styloid over the scar. The treatment plan was to continue occupational therapy and Voltaren gel trial was prescribed. 8-5-15 PR2 reports she complains of worsening pain and when she attempted modified duty, she could not tolerate it. She has increased pain in right hand, wrist with numbness and tingling of the median nerve distribution. The pain is also increased when attempting to close her fist throughout the day. The occupational therapy she was currently is in has been helpful and does feel improvement with the sessions. Medications included Norco 1-1.5 a day. Physical examination reveals surgical incisions are well healed; decreased range of motion; decreased grip and pinch strength and decreased range of motion of the wrist and fingers. The physician is requesting an additional 6 session of occupational therapy to improve her range of motion and function; remain off work, as she could not tolerate modified duty and continue pain medications as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times a week for 3 weeks for the right hand:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand, Carpal Tunnel Syndrome.

**Decision rationale:** The claimant sustained a work injury in July 2013 and, on 04/30/15, underwent an open right carpal tunnel release with DeQuervain's release and trapeziectomy. When seen, she was participating in occupational therapy, which was helpful. She had been unable to return to modified duty due to right hand pain and stiffness. Physical examination findings included decreased hand, wrist, and finger range of motion with decreased strength. An additional six occupational treatments were requested. Case notes reference completion of at least 15 prior treatments. Guidelines recommend up to 18 visits over 4 months after the thumb surgery that was performed, 14 visits over 12 weeks after a DeQuervain's release, and 3-8 visits over 3-5 weeks after an open carpal tunnel release. Only partial concurrent treatment would be expected. In this case, the claimant has had benefit from the treatments provided but has failed an attempt at returning to work. She has residuals hand and wrist impairment. The additional treatments being requested are within the guideline recommendation and what might be needed to revise and finalize the claimant's home exercise program and reflect an appropriate fading of skilled services. It is considered medically necessary.