

<b>Case Number:</b>	CM15-0169112		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	09/22/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/29/2015
<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(n) 35 year old female, who sustained an industrial injury on 9-22-14. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Medical records (5-14-15 through 6-25-15) indicated a positive Tinel's sign in both wrists and tenderness to palpation in the volar wrist region. Treatment to date has included occupational therapy x 7 sessions, an EMG-NCS on 5-12-15, a wrist brace, Meloxicam and Flexeril. As of the PR2 dated 7-16-15, the injured worker reports intermittent pain in her bilateral wrists and hands. She indicated 80% relief with current care. The pain is aggravated by activities of daily living. There was no physical examination of the wrists and hands. The treating physician requested occupational therapy x 8 sessions for the bilateral wrists. On 7-22-15, the treating physician requested a Utilization Review for occupational therapy x 8 sessions for the bilateral wrists. The Utilization Review dated 7-29-15, non-certified the request for occupational therapy x 8 sessions for the bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Occupational therapy visits for the bilateral wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute and Chronic) Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in September 2014 and is being treated for bilateral carpal tunnel syndrome. Treatments have included physical therapy, medications, and a wrist brace. When seen, she had completed 9 therapy sessions. Although there had been an 80% improvement, she was having moderate to severe symptoms. Electrodiagnostic testing and x-ray results were reviewed. There was mild right carpal tunnel syndrome. A home exercise program and additional therapy were recommended. There is limited evidence demonstrating the effectiveness of therapy for carpal tunnel syndrome. When managed medically, guidelines recommend up to 1-3 treatment sessions over 3-5 weeks. In this case, the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.