

Case Number:	CM15-0193398		
Date Assigned:	10/07/2015	Date of Injury:	05/27/2014
Decision Date:	11/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 54 year old female with an industrial injury date of 05-27-2014. Medical record review indicates she is being treated for bilateral carpal tunnel syndrome, bilateral wrist pain and right arm pain. Subjective findings (08-26-2015) included bilateral wrist pain and right arm-elbow pain. The injured worker stated the pain began approximately 9 years ago and has become progressively worse. Her pain is documented as 4-5 out of 10 with intermittent numbness in thumb and index-middle fingers, left greater than right. The injured worker described the pain as intermittently "aching" with intermittent sharp pain. The pain improved with rest and worsened with gripping and over use. Work status (08-26-2015) is documented as modified work. On 09-15-2015 the injured worker presented with complaints of "bilateral carpal tunnel symptoms are gradually worsening since the last visit." Objective findings (08-26-2015) included mild to moderate tenderness with mild swelling of the volar aspect of the left wrist. Range of motion is documented as flexion 25 degrees and extension 20 degrees with decreased ulnar and radial deviation. Grip strength was documented as 4 out of 5. Tinel's and Durkin's sign was positive. Right elbow revealed mild-moderate tenderness with mild swelling of the lateral epicondyle. Range of motion was normal. Right forearm findings included mild to moderate tenderness with mild swelling of the distal forearm. Medications included Gabapentin. Prior diagnostics included electromyography and nerve conduction studies in 2013 (documented by the treating physician in the 08-26-2015 note) as "revealed evidence of carpal tunnel syndrome. Work status is documented (09-08-2015) as modified duties to include no lifting over 2.5 pounds, no pushing or pulling greater than 5 pounds and typing limited to three

hours per day. Prior treatments included cortisone injection into bilateral wrists (no improvement), occupational therapy (at least 24 visits per occupational therapy notes), physical therapy, wrist braces, home exercise and medications. On 09-29-2015 the request for continued occupational therapy for 12 sessions (2 x 6) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued occupational therapy for 12 sessions (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Carpal Tunnel Syndrome Procedure Summary Online Version last updated 09/09/2015.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, therapy up to 8-10 visits may be appropriate after which exercises can be performed at home. In this case, the claimant had carpal tunnel syndrome. The claimant had undergone injections and received over 24 sessions of therapy. There is no indication that additional therapy cannot be done at home. The request for additional 12 sessions of physical therapy is not medically necessary.