

<b>Case Number:</b>	CM15-0194472		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 75-year-old female, with a reported date of injury of 01-30-2007. The diagnoses include severe bilateral carpal tunnel syndrome, bilateral wrist pain, bilateral hand pain, left thumb de Quervain's tenosynovitis, and bilateral hand numbness. Treatments and evaluation to date have included steroid injection to the bilateral carpal tunnels, Naproxen, Vicodin, and therapy for the right thumb. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 06-12-2015, which showed severe bilateral medial mononeuropathics at the carpal tunnels. The orthopedic upper extremity consultation report dated 09-01-2015 indicates that the injured worker complained of pain, and was seen for bilateral upper extremity symptoms. She complained of numbness, tingling, and pain in the left thumb. She noted locking in the right ring finger. It was noted that her carpal tunnel symptoms were significantly worse on the left. The physical examination showed full range of motion of the neck; bilateral wrist dorsiflexion at 48 degrees; bilateral wrist ulnar deviation at 20 degrees; right palmar flexion at 55 degrees; left palmar flexion at 58 degrees; and bilateral wrist radial deviation at 10 degrees; no bilateral thenar atrophy; full range of motion of the fingers; no locking or popping on the right or left hands; negative bilateral Tinel's test; negative bilateral Phalen's test; and negative bilateral Finkelstein's test. The treating physician stated that the injured worker's "symptoms and findings are consistent with a trigger finger". It was noted that the injured worker was hesitant to proceed with any type of hand surgery, she has had an excellent response in the past to physical therapy, and she was referred for therapy. The injured worker last worked in 2008; she was retired. The treating physician requested occupational therapy 1-2 times a week for six weeks for the bilateral hands. On 09-24-2015, Utilization Review (UR) non-certified the request for occupational therapy 1-2 times a week for six weeks for the bilateral hands.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 1-2 times per week for 6 weeks for the bilateral hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009.

**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) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy 1 to 2 times per week times six weeks to the bilateral hands is not medically necessary. should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; DeQuervain's disease; lumbosacral stenosis; and trigger finger. Date of injury is January 30, 2007. Request for authorization is September 1, 2015. According to a September 1, 2015 progress note, the injured worker received physical therapy and complains of locking in the affected extremity. The injured worker has symptoms of carpal tunnel syndrome left greater than right. Objectively, range of motion is full. Tinel's and Phalen's are negative. There is no documentation demonstrating objective functional improvement with prior physical therapy. There are no compelling clinical facts indicating additional physical therapies clinically indicated. There are no functional deficits on examination that cannot be addressed with a home exercise program. Based on clinical information medical record and the peer-reviewed evidence-based guidelines, occupational therapy 1 to 2 times per week times six weeks to the bilateral hands is not medically necessary.