

<b>Case Number:</b>	CM15-0204621		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 34 year old female, who sustained an industrial injury on 02-26-2013. The injured worker is currently able to work with restrictions. Medical records indicated that the injured worker is undergoing treatment for status post right carpal tunnel release, left carpal tunnel syndrome, bilateral forearm tendinitis, and trapezial and parascapular strain. Treatment and diagnostics to date has included right sided carpal tunnel release, occupational therapy (visit #13 dated 09-08-2015 with noted "gradual progress to decrease pain with use and increase strength of hand"), and home exercise program. Subjective data (07-28-2015 and 09-08-2015), included "pain and numbness are improving with therapy". Objective findings (09-08-2015) included slight tenderness over the right carpal tunnel scar and positive Tinel's sign and Phalen's test at the left carpal tunnel. The Utilization Review with a decision date of 09-22-2015 non-certified the request for occupational therapy, 12 total visits, 2 visits for 6 weeks to the right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy (OT) 2 times a week for 6 weeks (12) for the right wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**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 to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times per week times six weeks to the right wrist is not medically necessary. Patients 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 status post right carpal tunnel release; left carpal tunnel syndrome; bilateral forearm tendinitis; trapezial and para-scapular strain. Date of injury is February 26, 2013. Request for authorization is September 15, 2015. The documentation indicates the injured worker underwent right carpal tunnel release surgery on July 2, 2015. On September 8, 2015, the injured worker was receiving physical therapy visit #13 with gradual improvement. The documentation states the injured worker is compliant with home exercises. According to a September 8, 2015 progress note, pain and numbness are improving. Objectively, there is tenderness over the right carpal tunnel scar. The treatment plan is to continue physical therapy. The guidelines recommend 3-8 visits over 3-5 weeks. The injured worker should be well versed in the exercises performed during physical therapy to engage in a home exercise program. The documentation indicates the injured worker received #13 physical therapy/occupational therapy sessions. There are no compelling clinical facts in the medical record indicating additional physical therapy (over the recommended guidelines) is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior physical therapy and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, occupational therapy two times per week times six weeks to the right wrist is not medically necessary.