

<b>Case Number:</b>	CM15-0029676		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old female, who sustained an industrial injury on 5/3/2013. The diagnoses have included status post right carpal tunnel release, bilateral cubital tunnel syndrome, bilateral flexor tenosynovitis, pillar pain and moderate flare reaction after carpal tunnel release surgery. Treatment to date has included a cortisone injection to the right hand and medication. The injured worker underwent right carpal tunnel release and right ulnar nerve decompression on 7/28/2014. She reportedly had one session of occupational therapy. According to the Primary Treating Physician's Progress Report dated 12/23/2014, the injured worker had improved moderately but still reported significant pain in the palm. Objective findings revealed tenderness over the volar aspects of both wrists and over the medial elbows bilaterally. There was positive Tinel's signs over the ulnar nerves at the elbows bilaterally. Authorization was requested for hand therapy for desensitization, strengthening and work hardening two times a week for six weeks. On 1/14/2015, Utilization Review (UR) non-certified a request for occupational therapy two times a week for six weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

### 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 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

**Decision rationale:** The 46 year old patient complains of pain in palm and wrists, as per progress report dated 12/23/14. The request is for OCCUPATIONAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS. The RFA for this case is dated 01/06/15, and the patient's date of injury is 05/03/13. The patient is status post right carpal tunnel release on 07/28/14, as per the operative report. Diagnoses, as per progress report dated 12/23/14, included bilateral cubital tunnel syndrome, bilateral flexor tenosynovitis, pillar pain, and moderate flare reaction after CTS. Medications included Voltaren and Prilosec. The patient is temporarily totally disabled, as per the same progress report. MTUS, post-surgical guidelines page 16, recommends 3-8 visits over 3-5 weeks. The post-operative time frame is 3 months. The guidelines also state that there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). In this case, the patient is status post right carpal tunnel release on 07/28/14, as per the operative report. In progress report dated 08/05/14, the treater states that the patient was given a referral for occupational therapy. In progress report dated 09/16/14, the treater states that the patient will continue OT for range of motion, modalities and strengthening. In progress report dated 12/23/14, the treater states that a month of therapy will help the patient return to work. However, none of the progress reports document the number of OT sessions the patient has already received. There is no discussion about the impact of prior therapy on pain and function. Additionally, the RFA for the current request is dated 01/06/15, indicating that the patient is not within the post-operative time frame. The current request for 12 sessions of OT is not supported as MTUS only recommends 8-10 sessions. Hence, the request IS NOT medically necessary.