

<b>Case Number:</b>	CM15-0224786		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	09/30/2007
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old female, who sustained an industrial injury on 9-30-07. The injured worker was diagnosed as having left carpal tunnel syndrome; lesion of ulnar nerve; radial styloid tenosynovitis (DeQuervain's syndrome). Treatment to date has included status post endoscopic carpal tunnel release, left cubital tunnel release with ulnar nerve decompression at the wrist and hypothenar flap (no date or operative record); medications. Currently, the PR-2 notes dated 10-14-15 indicated the injured was in the office for a comprehensive examination. She complains of having increased pain in the right hand which he reports is from overuse. She also reports her medications have ran out and she has not been working. On objective findings, the provider notes "There is slight trapezial and paracervical tenderness. There is moderate tenderness and slight swelling over the left elbow, forearm and hand. There is slight tenderness over the left first dorsal compartment. The Finkelstein's positive on the left. Sensation is globally diminished in the left hand. There is pain with range of motion of the left thumb. The Tinel's sign and elbow flexion tests are positive at the right cubital tunnel. The Tinel's sign and Phalen's test are equivocal bilaterally." The treatment plan includes a recommendation for a corticosteroid injection to the left first dorsal compartment and this was administered on this date. He wants her to continue with her nonsteroidal anti-inflammatory medication (Voltaren) along with her protective medications (Prilosec) for her stomach. He feels she would also benefit from occupational therapy. She was provided a left thumb spice splint. There was no operative record or date of surgery provided in the medical documentation. There were no prior physical or occupational therapy notes that would suggest the injured worker has post-operative therapy. A

Request for Authorization is dated 11-4-15. A Utilization Review letter is dated 10-28-15 and non-certification for Occupational therapy 2xweek x 6 weeks, bilateral hand. A request for authorization has been received for Occupational therapy 2xweek x 6 weeks, bilateral hand.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Occupational therapy 2xweek x 6 weeks, bilateral hand: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Physical/Occupational therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page 98 of 127. This claimant was injured in 2007. There was a left carpal tunnel syndrome, and radial styloid tenosynovitis. The patient is post carpal tunnel release. the past physical therapy history is unclear. The request is for both hands, yet the surgery appeared to be unilateral, and the post surgery therapy experience is not noted. It is not clear to this reviewer the need for the bilateral therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. As noted, the patient is post carpal tunnel release the past physical therapy history is unclear. The request is for both hands, yet the surgery appeared to be unilateral, and the post surgery therapy experience is not noted. It is not clear to this reviewer the need for the bilateral therapy. This request for more skilled, monitored therapy was appropriately non-certified.