

<b>Case Number:</b>	CM15-0039586		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Indiana

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 27 year old female, who sustained an industrial injury on 11/25/14. The injured worker has complaints of left wrist pain. She has pain in the ulnar aspect of the right distal forearm, extending proximally and grip strength is weak. The diagnoses have included bilateral upper extremities overuse syndrome, currently manifested as tendonitis, right wrist. Treatment to date has included therapy with some improvement with no consistency in therapy; uses a standard cock-up wrist splint at work and medications. Left wrist X-rays were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Sessions of Occupational Therapy to Include Steroid iontophoresis for The Right Hand:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Occupational and Physical Medicine Page(s): 74-99, Postsurgical Treatment Guidelines Page(s): 15-16. Decision based on Non-

MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Carpal Tunnel Syndrome.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite "limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery. "MTUS continues to specify maximum of "3-8 visits over 3-5 weeks". MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. The employee has had past sessions of occupational therapy, but there is insufficient detail as to what the efficacy of those sessions was or what the goals for further sessions are. As such, the request for occupational therapy sessions for 8 Sessions of Occupational Therapy to Include Steroid iontophoresis for The Right Hand is not medically necessary.