

<b>Case Number:</b>	CM15-0042492		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/27/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 52 year old female, who sustained an industrial injury on 08/27/2012. She has reported subsequent hand and wrist pain and was diagnosed with right palmar pillar pain secondary to carpal tunnel release, right middle finger trigger and left carpal tunnel syndrome. Treatment to date has included oral pain medication, splinting, cortisone injection and surgery. In a progress note dated 08/05/2014, the injured worker complained of left hand numbness and pain. Objective findings of the left wrist were notable for positive Tinel's, Phalen's and Durkan's tests. There was no medical documentation submitted that pertains to the current treatment request for occupational therapy of the left 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 6 to left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, hand, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational physical therapy (occupational therapy two times per week times six weeks to the left 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 March 2014; right palmar pillar pain secondary to carpal tunnel release; right middle finger trigger; and left carpal tunnel syndrome. Documentation from the August 5, 2014 progress note states the injured worker wants to move forward with the left carpal tunnel release. The treating physician needs to obtain an EMG/NCV. There is no documentation indicating the left carpal tunnel release was performed and there was no documentation of an EMG/NCV. However, the utilization review indicates the injured worker underwent left carpal tunnel release and received 7 sessions of postoperative physical therapy. There are no physical therapy notes in the medical record and, as noted above, no documentation of the left carpal tunnel release surgery. Consequently, absent clinical documentation of surgical intervention of the left carpal tunnel syndrome and electrodiagnostic studies with a contemporaneous progress note on or about the date of authorization (February 5, 2015), occupational physical therapy (two times per week times six weeks) to the left wrist is not medically necessary.