

<b>Case Number:</b>	CM15-0057146		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	08/29/2001
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Emergency 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 male, who sustained an industrial injury on 08/29/2001. He has reported subsequent pain, weakness and stiffness of the hands, especially with use of the left upper extremity and was diagnosed with left carpal tunnel syndrome, De Quervain's tenosynovitis of the left wrist, status post carpal tunnel release and De Quervain's tenosynovectomy. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 02/27/2015, the injured worker complained of worsening left hand pain. Objective findings were notable for well healing surgical incisions on the palmar aspect of the hand and radial aspect of the wrist and some tenderness. A request for authorization of occupational therapy 2x a week x 6 weeks of the left wrist was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient occupational therapy two (2) times a week for six (6) weeks for the left wrist:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web based version, carpal tunnel chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264-265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy.

**Decision rationale:** The requested Outpatient occupational therapy two (2) times a week for six (6) weeks for the left wrist is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 11, Forearm, Wrist and Hand Complaints, Physical Methods, Pages 264-265 and Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Physical Therapy, recommend continued physical therapy with documented objective evidence of derived functional improvement from completed physical therapy sessions as a transition to a dynamic home exercise program. The injured worker has worsening left hand pain. Objective findings were notable for well healing surgical incisions on the palmar aspect of the hand and radial aspect of the wrist and some tenderness. The treating physician has not documented functional improvement from previous therapy sessions nor the medical necessity for a current trial of therapy beyond six sessions and then re-evaluation. The criteria noted above not having been met, Outpatient occupational therapy two (2) times a week for six (6) weeks for the left wrist, is not medically necessary.