

<b>Case Number:</b>	CM15-0060324		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	07/01/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: 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 42 year old female who sustained a repetitive industrial injury to her upper extremities on July 1, 2012. The injured worker had failed conservative treatment including splinting, medications and physical therapy. The injured worker was diagnosed with lesion, median nerve. The injured worker is status post left carpal tunnel release and left wrist flexor tenosynovectomy on September 19, 2014 followed by 8 post-operative therapy sessions. Treatment to date has included diagnostic testing, surgery, physical therapy and medications. According to the primary treating physician's progress report on March 3, 2015, the injured worker reports improvement in symptoms post operatively with intermittent numbness and tingling of the fingers with decreased grip strength. Examination of the left hand demonstrated tenderness to palpation at the incision with decreased grip. Current medications are listed as Norco. Treatment plan consists of the current request for left hand strengthening with the 8 additional occupational therapy visits and Norco medication refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy Qty 8.00:** 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), Carpal tunnel-Physical therapy and post op rehabilitation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Original reviewer modified request from 8 sessions to 3 sessions to allow for gradual fading of treatment. Occupational Therapy Qty 8.00 is not medically necessary.

**Norco 5/325mg Qty 30.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 5 months. Norco 5/325mg Qty 30.00 is not medically necessary.