

<b>Case Number:</b>	CM15-0088518		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: 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 34 year old female, who sustained an industrial injury on 12/28/09. The injured worker was diagnosed as having cervical strain, carpal tunnel syndrome, numbness, wrist pain, hand pain and chronic pain syndrome. Treatment to date has included right carpal tunnel release, hand therapy, home exercise program, Lidoderm patches, Voltaren ER and ibuprofen. Currently, the injured worker reports improving wrist pain following physical therapy and carpal tunnel release of right wrist. Physical exam noted tenderness to palpation at base of thumb on right hand and increase of pain with range of motion of right wrist. Treatment request for 1-2 therapy visits a week for 4-6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 occupational therapy sessions for the bilateral hands:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational therapy (OT) Page 74 Physical Therapy (PT) Physical Medicine Pages 98- 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface Physical Therapy Guidelines. Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Occupational therapy (OT), Physical medicine treatment.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicate that for carpal tunnel syndrome surgery, 3-8 visits of postsurgical physical therapy are recommended. Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. MTUS Chronic Pain Medical Treatment Guidelines (Page 98-99) provide occupational therapy (OT) and physical therapy (PT) physical medicine guidelines. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) provide occupational therapy (OT) guidelines. For carpal tunnel syndrome, 1-3 visits over 3-5 weeks are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. EMG electromyography dated 11/12/14 demonstrated moderate right CTS and mild left CTS carpal tunnel syndrome. The hand therapy note dated 4/9/15 documented the completion of 7 of 8 visits of occupational therapy. The primary treating physician progress report dated 4/21/15 documented that carpal tunnel release on the right wrist was performed on 2/27/15. The patient finished PT for the right wrist. It is helpful with range of motion and strength. She would like to continue PT physical therapy. Physical examination demonstrated no swelling at bilateral wrists. Bilateral well healed surgical scar noted on right wrist without signs of infection. Sensation is intact and equal. Tenderness to palpation at base of thumb on the right hand was noted. Increase of pain with flexion at right wrist was noted. Phalen's is positive on the right. The patient is recovering well since carpal tunnel release on the right wrist. The treatment plan included a request for authorization for PT for the right wrist, 1-2 times a week for 4-6 weeks, #6 sessions. Six occupational therapy sessions for bilateral hands were requested. No abnormal physical examination findings of the left wrist were documented in the 4/21/15 progress report. The patient completed 8 visits of occupational therapy. Specific elements of functional improvement were not documented. No exceptional factors were documented. The request for 6 occupational therapy session for bilateral hands is not supported. Therefore, the request for 6 occupational therapy session for bilateral hands is not medically necessary.