

<b>Case Number:</b>	CM15-0242746		
<b>Date Assigned:</b>	12/22/2015	<b>Date of Injury:</b>	07/12/2004
<b>Decision Date:</b>	01/25/2016	<b>UR Denial Date:</b>	12/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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 40-year-old female, who sustained an industrial injury on 7-12-2004. The injured worker was being treated for status post left open carpal tunnel release with exploration of the carpal tunnel on 6-24-2015. The injured worker (7-8-2015) reports burning discomfort in the palm with numbness and tingling in the fingers two weeks after surgery. The physical exam (7-8-2015) reveals a well-healing left volar wrist without evidence of infection, mild swelling, and limited motion of the fingers, thumb, and wrist. The injured worker (9-30-2015) reports ongoing pain and numbness of the left hand, which is slowly improving. The physical exam (9-30-2015) reveals a healed left volar scar with slight hypertrophy along the proximal aspect, tenderness in the proximal central palm, left wrist flexion and extension of 45 degrees, and grip weakness. Treatment has included at least 4 sessions of occupational therapy and medications including proton pump inhibitor and non-steroidal anti-inflammatory. Per the treating physician (9-30-2015 report), the injured worker has not returned to work, as modified work is not available. The requested treatments included 8 sessions (2 times weekly) of occupational therapy for the left wrist and hand. On 12-1-2015, the original utilization review modified a request for 8 sessions (2 times weekly) of occupational therapy for the left wrist and hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy, 2 times weekly, left wrist/hand, QTY: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy two times weekly to the left wrist/hand, quantity #8 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left open carpal release with exploration of the carpal canal; right carpal syndrome, EDS positive, not covered under this claim. Date of injury is July 12, 2004. Request for authorization is November 17, 2015. The injured worker is status post open carpal tunnel release on the left with exploration of the carpal canal June 24, 2015. According to a September 30, 2015 progress note, subjectively the injured worker has ongoing left hand numbness, but is improving. The documentation states the injured worker completed 2 of 12 authorized physical therapy sessions that are about to expire. Objectively, there are well-healed scars. There is tenderness in the central palm. Left wrist extension and flexion is 45°; There is some weakness in the grip. The treating provider is requesting an additional 12 sessions of physical therapy in the progress note plan. The request for authorization contains a request for eight sessions of additional therapy. The utilization review states the injured worker received 11 sessions of physical therapy as of November 9, 2015. The guidelines recommend 3-8 visits of physical therapy over 3-5 weeks. The treating provider received 11 sessions of PT. If the injured worker only received two sessions of the 12 authorized, an additional six sessions would be indicated (according to the guideline recommendations). In either case, there are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, occupational therapy two times weekly to the left wrist/hand, quantity #8 is not medically necessary.