

<b>Case Number:</b>	CM14-0121476		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 40 year old female with a reported date of injury of August 01, 2011. Mechanism of injury was noted as a fall while performing the regular duties of her occupation. Diagnosis of carpal tunnel syndrome (354.0). MRI dated March 23, 2012 indicates severe supraspinatus-infraspinatus tendinosis, linear intrasubstance tear of the infraspinatus tendon measuring almost 2cm in length and less than 5mm in the AP and transverse dimensions, and moderately large intrasubstance tear of the supraspinatus tendon footprint which may involve the articular surface of the tendon attachment. The primary treating physician report, dated June 12, 2014, indicates the injured worker is being treated for bilateral carpal tunnel syndrome, she is status post left carpal tunnel release with continued complaints of incisional pain and pain in the common digital nerve distribution to the third webspace and no change in her symptoms on the right side. The treating physician is planning for a right carpal tunnel release surgery and added gabapentin 600mh for neurogenic pain. Recommends continuing therapy and anti-inflammatory for the left side. Work status, as of this visit, is off work. The office visit note for June 23, 2014 not provided with documentation. Noted in utilization review noted dated July 18, 2014, at the June 23, 2014 office visit the injured worker is reported to have made gain in therapy with range of motion and strength. The treating physician requested hand therapy/occupational therapy 12 sessions to the left wrist two times per week for six weeks. Prior utilization review denied a request for Hand Therapy/Occupational Therapy to the left wrist 2 times a week for 6 weeks # 12 on July 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand Therapy/Occupational Therapy to the left wrist 2 times a week for 6 weeks # 12:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):  
10-12 and 15-16.

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines allow 3-8 PT visits over 5-8 weeks for post-surgical treatment of Carpal Tunnel Syndrome. CA MTUS guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the injured worker has received an unknown number of post-surgical physical therapy; however, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing a home exercise program (HEP). At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, accordance with the guidelines this request is not medically necessary.