

<b>Case Number:</b>	CM14-0161891		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/15/2009
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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:

The injured worker is a 62-year-old female who sustained an injury on 04/15/09. As per report of 09/03/14, she complained of pain in the bilateral knees, right shoulder, low back, and neck; she also reported depression/anxiety and insomnia. On exam, left wrist had full range of motion with no swelling. There was no tenderness along the first extensor compartments. Negative Finkelstein, otherwise exam was unremarkable. She underwent right carpal tunnel release on 04/17/13 and left carpal tunnel release on 8/23/13. Current medications include EC-Naprosyn, hydrocodone, mirtazapine, tizanidine HCL, naproxen, Vicodin, Norco, Ambien, and Norco. Previous treatments have included injections into the right wrist for carpal tunnel which helped with the pain, physical therapy, braces, injections and medications. According to the report of 09/03/14, she had acromioclavicular (AC) right injection with no relief. Diagnoses include bilateral carpal tunnel releases and flexor tenosynovitis, bilateral long and ring fingers secondary to prior bilateral carpal tunnel releases. The request for physical therapy for the right shoulder, 8 visits, was denied on 09/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 3 times per week for 6 weeks bilateral hands/wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand/Wrist

**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 physical therapy (PT) visits over 5-8 weeks for post-surgical treatment of Carpal Tunnel Syndrome. CA MTUS - Physical Medicine; 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 already received unknown number of physical therapy; yet, there is no record of progress notes with documentation of significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy. Furthermore, there is no mention of the patient utilizing an 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). Additional physical (occupational) therapy visits would exceed the guidelines recommendations. Therefore, the request is considered not medically necessary in accordance to guidelines.