

<b>Case Number:</b>	CM14-0167753		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 patient is a 63-year-old female with date of injury of 09/16/2013. The listed diagnosis per [REDACTED] from 11/19/2013 is left hand strain. According to this duty/work status report, the patient is improving slowly. The patient is advised to return to modified duty if available. Activity restrictions include grasping, position, and manipulation of the left hand as needed with up to 3 hours of lifting, carrying, pushing, and pulling of 10 to 15 pounds. The treater notes that they are awaiting a requested referral and transfer to orthopedic hand surgeon. No subjective complaints and physical examination was noted on this or other reports in the documents provided. The utilization review denied the request on 10/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy/CHT 8 Visits Carpal Tunnel Syndrome:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

**Decision rationale:** This patient presents with left hand strain. The treater is requesting 8 occupational therapy visits for carpal tunnel syndrome. The MTUS Guidelines page 98 and 99

on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The reports provided from 09/16/2013 to 05/16/2014 show duty/work status reports without any reference to subjective complaints or physical examination. The utilization review denied the request stating that the patient was authorized 6 sessions of physical therapy and the evaluation performed on 07/25/2014 did not reveal any exceptional clinical findings to substantiate additional therapy. The reports do not show any occupational therapy reports to verify how many treatments the patient has received and with what results. In this case, it appears that the patient has been authorized 6 sessions of therapy, and the requested 8 visits would exceed MTUS Guidelines. The patient is not post-operative and does not report any new injury or trauma. She should then be able to transition into a home exercise program to improve range of motion and strength. Recommendation is for denial.