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| <b>Case Number:</b>   | CM14-0118198 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 03/16/2009 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 07/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/25/2014 |

### 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. 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 36 year old female who sustained an industrial injury on 3/16/2009. Currently she reports for follow-up with complaints of acute flare-up, of chronic, bilateral upper extremity pain, particularly in the first 3 digits. The injured worker has been diagnosed with, and/or impressions were noted to include, long-term use of medications with therapeutic drug monitoring; De Quervain's - right; repetitive use syndrome of bilateral hands with carpal tunnel syndrome, and is status-post left carpal tunnel surgery on 1/28/10, and right on 6/4/10; as well as chronic and psychogenic pain. Treatments to date have included consultation; bilateral carpal tunnel surgeries; hand physical therapy; transcutaneous electrical stimulation unit therapy; home exercise program; and medication management. The history notes that the hand physical therapy was helpful, and that she is back to work full time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy additional hand therapy one time a week for six weeks to the left hand, quantity 6: Upheld**

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

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

**Decision rationale:** The attached medical record indicates that the injured employee has previously participated in physical therapy for the hands which possibly included postoperative physical therapy after carpal tunnel surgery on both the left and right side. There is also stated to be previous instruction in home exercise and the progress note dated November 26, 2014 encourages additional participation in home exercise. Considering this prior physical therapy participation as well as exercise instruction this request for additional hand therapy one time a week for six weeks for the left hand is not medically necessary.