

<b>Case Number:</b>	CM14-0211925		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 57 year old female patient who sustained a work related injury on 3/8/13 Patient sustained the injury due to cumulative trauma. The current diagnoses include s/p right carpal tunnel release on 01/07/14, CTS and cervical radiculopathy. Per the doctor's note dated 11/17/14, patient has complaints of right hand pain, and occasional numbness in the left hand, rated a 7 /10. Physical examination of the cervical region and right upper extremity revealed 5/5 strength, no tenderness on palpation, and normal sensory and motor examination, negative tincl and phalen's sign, and limited range of motion of wrists. The current medication list includes Anaprox. The patient has had X-rays revealed advanced DJD of the MP joint of the thumb with subluxation of the joint, moderate degenerative joint disease of the IP joint of the thumb; EMG that revealed severe compression neuropathy involving the median nerve bilateral; MRI of the cervical spine showed minimal findings; EMGs dated 8/19/14 showed moderate right carpal tunnel syndrome; MRI of the cervical spine that revealed disc protrusion and foraminal narrowing. The patient's surgical history include right carpal tunnel release on 01/07/14 The patient has received an unspecified number of OT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational hand therapy twice a week for 6 weeks for the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98, Postsurgical Treatment Guidelines.

**Decision rationale:** Patient has received an unspecified number of OT visits for this injury. The requested additional visits in addition to the occupational certified OT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous occupational visits that is documented in the records provided. Previous OT visits notes were not specified in the records provided. In addition as per cited guidelines "Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals.....Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The patient's surgical history include right carpal tunnel release on 01/07/14. The patient is also past the post surgical physical medicine treatment period. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the bilateral wrists is not specified in the records provided. The medical necessity of the request for Occupational hand therapy twice a week for 6 weeks for the right wrist is not fully established in this patient.