

<b>Case Number:</b>	CM15-0171057		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old female, who sustained an industrial injury on 10-18-13. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, 4mm subchondral cyst on the left scaphoid and bilateral overuse syndrome. The physical exam (4-23-15 through 6-4-15) revealed a positive Tinel's and Phalen's test bilaterally, normal range of motion and decreased sensation in the palms and fingers. Treatment to date has included physical therapy x 8 sessions, a left wrist cortisone injection (which exacerbated her pain), wrist braces and modified work restrictions. As of the PR2 dated 7-16-15, the injured worker reports continued pain in the right hand and wrist. She rates her pain 5-6 out of 10. She also has 7 out of 10 pain in her left hand and wrist. Objective findings include loss of sensation in the right palm and all fingers and a positive Phalen's and Tinel's test in the bilateral wrists. The treating physician requested occupational therapy 2 x weekly for 6 weeks to the bilateral hands. The Utilization Review dated 8-4-15, modified the request for occupational therapy 2 x weekly for 6 weeks to the bilateral hands to occupational therapy 2 x weekly for 1 week to the bilateral hands.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OT 2x6 Bilateral Hands:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient was injured on 10/18/13 and presents with right/left hand/wrist pain. The request is for OT 2x6 Bilateral Hands. The RFA is provided; however, there is no date on that documented. The utilization review letter, dated 08/03/15, states that the patient has already had "about 8 sessions of physical therapy". MTUS Guidelines, Physical Medicine Section, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with bilateral carpal tunnel syndrome, 4mm subchondral cyst on the left scaphoid and bilateral overuse syndrome. Treatment to date has included physical therapy x 8 sessions, a left wrist cortisone injection (which exacerbated her pain), wrist braces and modified work restrictions. Review of the reports provided does not indicate if the patient had any recent surgeries. It appears that the patient has had prior physical therapy sessions; however, there is no indication of how these sessions impacted the patient's pain and function or when these sessions took place. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 12 sessions of physical therapy in addition to the 8 sessions the patient has already had exceeds what is recommended by MTUS guidelines. The request is not medically necessary.