

<b>Case Number:</b>	CM15-0068436		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/28/2009
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old male, who sustained an industrial injury on 9/28/09. He reported pain in the back, right shoulder and bilateral wrists. The injured worker was diagnosed as having right carpal tunnel syndrome and trigger finger of the right middle finger. Treatment to date has included an EMG of the bilateral upper extremities, carpal tunnel surgery and occupational therapy and pain medications. As of the PR2 dated 3/4/15, the injured worker is seven weeks status post left carpal tunnel release and is improving, but is now reporting a right trigger thumb. The treating physician performed an injection into the tendon sheath of the right thumb during the visit. The treating physician requested to continue occupational therapy to the right wrist x 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Occupational Therapy, Right Wrist, 12 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work-related injury in September 2009 and underwent a right carpal tunnel release. He now has findings of stenosing tenosynovitis affecting the right thumb and underwent an injection. Being requested is 12 occupational therapy treatments. Guidelines recommend up to 9 visits over 8 weeks for the treatment of this condition. Compliance with an independent exercise program would be expected and would not require continued skilled therapy oversight. In this case, the number of visits being requested is excessive and is not medically necessary.