

<b>Case Number:</b>	CM14-0006348		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

This is a 37-year-old male with a 1/7/2013 date of injury. A specific mechanism of injury was not described. 12/18/13 determination was non-certified given no objective and measured functional gains, improvement with activities of daily living or discussions regarding return to work as a result of previous physical therapy. There were no goals and no rationale why the patient cannot transition to a home exercise program. 12/26/13 pain management visit note identified bilateral hand and wrist pain. The patient was characterized as sharp, stabbing, and sore. It was further noted that "patient is coming with no symptoms of pain at all". Examination revealed grip 5/5 bilaterally and 5/5 finger extension bilaterally. Diagnoses included carpal tunnel syndrome and pain in joint of forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EIGHT (8) SESSIONS OF OCCUPATIONAL THERAPY FOR THE RIGHT HAND/WRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99. Decision

based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter; and Carpal Tunnel Syndrome Chapter, Physical/Occupational Therapy.

**Decision rationale:** The patient was seen on 12/26/13 and the subjective complaints are not clearly delineated. There is description of pain, but then it is stated that the patient did not have any pain complaints. In addition, there were no abnormal findings on examination. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient had previous physical therapy. The total number sessions as well as the specific functional improvement from those sessions were not identified. Also, given the limited information regarding the patient's condition on the most recent report, it is not clear what are the specific deficits that the requested sessions intend to address. It is not clear if the patient has been instructed (and is following) a home exercise program, and such program is not appropriate to address any remaining deficits the patient might have. The request is not medically necessary.