

<b>Case Number:</b>	CM13-0006353		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 physician 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:

The patient is a 41-year-old female who reported injury on 06/08/2009. The mechanism of injury was not provided. The patient was noted to undergo a 2 stage repair of the flexor tendon of the right little finger that was completed on 06/08/2012 and a right carpal tunnel release on 06/13/2013. The request was made for occupational therapy 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative occupational therapy two times a week for six weeks for the right wrist:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The MTUS Postsurgical Guidelines for carpal tunnel syndrome indicate the maximum visits would be 8 visits of post-surgical therapy. The patient underwent a right carpal tunnel release on 06/13/2013. Clinical documentation submitted for review failed to provide the rationale for 12 sessions. Given the above, the request for postoperative occupational therapy 2 times a week for 6 weeks for the right wrist is not medically necessary and appropriate.