

<b>Case Number:</b>	CM13-0006712		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/02/2009
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Occupational Medicine 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 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:

According to the records made available for review, this is a 58-year-old male with a 7/2/09 date of injury. At the time of request for authorization for Post-Operative Occupational Therapy Two (2) Times A Week For Six (6) Weeks For The Right Upper Extremity, there is documentation of subjective (tenderness when leaning on the right elbow with numbness around the welbow region and persistnet hypoesthesia involving the ulnar innervated digits) and objective (abnormal neurovascular examination in the distribution of the ulnar nerve, two-point discrimination varies from 8 mm on the small finger and 9 mm on the ulnar border of the ring finger, and decreased grip strength of the right hand) findings, current diagnoses (cubital tunnel syndrome status post right cubital tunnel release on 5/13/13), and treatment to date (12 sessions of post-operative occupational therapy). The proposed number of sessions, in addition to the sessions already completed, exceeds guidelines. In addition, postoperative physical therapy guidelines for treatment period is exceeded.

### 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 (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE RIGHT UPPER EXTREMITY:** Upheld

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

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

**Decision rationale:** MTUS postsurgical treatment guidelines identifies up to 20 visits of post-operative physical therapy over 3 weeks and post-surgical physical medicine treatment period of up to 6 months. Within the medical information available for review, there is documentation of a diagnosis of carpal tunnel syndrome. In addition, there is documentation of status post right cubital tunnel release on 5/13/13 and 12 sessions of post-operative physical therapy sessions completed to date. However, the proposed number of sessions, in addition to the sessions already completed, exceeds guidelines. Furthermore, given documentation of a 5/13/13 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for authorization for Post-Operative Occupational Therapy Two (2) Times A Week For Six (6) Weeks For The Right Upper Extremity is not medically necessary.