

<b>Case Number:</b>	CM13-0010252		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	07/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome and thumb arthritis reportedly associated with an industrial injury of July 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with bilateral thumb osteoarthritis, radio graphically confirmed; reported diagnosis with bilateral carpal tunnel syndrome, left greater than right. In a Utilization Review Report dated July 15, 2013, the claims administrator partially certified a request for 12 sessions of postoperative occupational therapy as eight sessions of postoperative occupational therapy. The claims administrator's rationale was difficult to follow and invoked the MTUS adopted ACOEM Guidelines, non-MTUS Official Disability Guidelines, and Official Disability Guidelines Postoperative Guidelines as opposed to postsurgical treatment guidelines in MTUS 9792.24.3. It was suggested that the applicant was concurrently pursuing both the left carpal tunnel release surgery and left CMC joint arthroplasty. The applicant's attorney subsequently appealed. On July 1, 2013, it appeared that the applicant consulted a hand surgeon, who suggests concurrently pursuing a carpal tunnel release surgery and CMC joint arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OP THERAPY 3X PER WEEK X 4 WEEKS:** Overturned

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

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

**Decision rationale:** Both the attending provider and claims administrator seemingly posited that the applicant was to receive these treatments after the applicant would undergo planned CMC joint arthroplasty and carpal tunnel release surgeries. As noted in MTUS, an initial course of therapy means one-half of the number of the visits specified in the general course of therapy for the specific surgery. The MTUS goes on to recommend a general course of three to eight sessions of treatment following carpal tunnel release surgery and 24 sessions of treatment following an arthroplasty or fusion surgery of the forearm, wrist, and/or hand. Thus, one-half of 12 sessions following the planned CMC joint arthroplasty procedure does represent an initial course of 12 sessions. Thus, the attending provider's request does conform to MTUS parameters. Accordingly, the request is medically necessary.