

<b>Case Number:</b>	CM13-0027308		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	12/03/2010
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 patient is an employee of [REDACTED] and has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of December 3, 2010. Utilization review from September 17, 2013 denied the request for occupational therapy for the bilateral wrists due to lack of clarification of the need for a formal physical therapy program that was not available through a home exercise program. Treatment to date has included opioid and non-opioid pain medications, carpal tunnel release, DeQuervain's release, physical therapy (unspecified number completed with no outcome documented), and a home exercise program. Medical records from 2013 were reviewed showing that the patient still reports pain in the left hand despite undergoing carpal total release and DeQuervain's release. The patient is able to perform household activities and functions socially as long as she takes medications and stays active. Physical exam demonstrated tenderness over the medial epicondyle of the left elbow and TFCC of the left wrist. Electrodiagnostics were done to in August 2013 which showed normal studies for both the EMG and nerve conduction studies, an improvement from the carpal tunnel pathology noted on previous studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY TIMES 12 - BILATERAL WRISTS:** Upheld

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

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

**Decision rationale:** As stated in the California MTUS Postsurgical Treatment Guidelines, postsurgical physical therapy is recommended for carpal tunnel syndrome for 3-8 visits over 3-5 weeks. In this case, the patient had prior carpal tunnel release and DeQuervain's release bilaterally. However, the total number of sessions completed by the patient was not indicated in the documentation nor was the outcome of the postsurgical physical therapy documented; there was no documentation of functional improvement in the medical reports. There were also no symptoms reported at the right wrist. Therefore, the request for OT x12 bilateral wrists is not medically necessary.