

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0032848 |                              |            |
| <b>Date Assigned:</b> | 12/06/2013   | <b>Date of Injury:</b>       | 05/10/2013 |
| <b>Decision Date:</b> | 05/14/2014   | <b>UR Denial Date:</b>       | 09/28/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2013 |

### 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 Orthopedic Surgery, and is licensed to practice in Oregon. 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 female underwent a left carpal tunnel release on 8/15/13. She was evaluated on 9/23/13. At that time, she had full wrist range of motion, normal vascularity and intact sensation. Her incision was healing well. An additional 8 weeks of therapy was recommended at that time due to wrist stiffness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 POST-OPERATIVE OCCUPATIONAL THERAPY SESSIONS FOR THE LEFT WRIST:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** This patient underwent carpal tunnel release in 2013. The follow-up note dated 9/23/13 (the date that the additional therapy was ordered) indicates that she had full wrist range of motion, normal vascularity and intact sensation. Her incision was healing well. She was active in a [REDACTED] and had no complaints. Per the MTUS Postsurgical Treatment Guidelines regarding carpal tunnel syndrome, "Postsurgical treatment (open): 3-8 visits over 3-5 weeks \*Postsurgical physical medicine treatment period: 3 months " According to the medical records

provided for review, the patient had already received some therapy following the surgery, as the request is for additional therapy. Additional therapy of eight sessions, however, exceeds the MTUS Postsurgical Guidelines as a maximum of eight sessions is allowed. Moreover, the physician note documents that the patient was healing well and was in [REDACTED]. Additional therapy was not indicated based on the exam findings. The request is not medically necessary and appropriate.