

<b>Case Number:</b>	CM13-0034975		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 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 injured worker is a 57-year-old female who reported an injury on 03/29/2012 after lifting a box that caused a sudden onset of pain to the right elbow. The injured worker failed to respond to conservative treatments and ultimately underwent right carpal tunnel release and right ulnar nerve submuscular transposition. The injured worker was evaluated on 07/29/2013. It was documented that the injured worker had participated in a course of physical therapy. Physical findings included full range of motion, no evidence of snuffbox tenderness and a negative Allen's, Tinel's, Phalen's, Finkelstein's test. Strength testing of the right hand was within normal limits and described as 5 out of 5. The evaluation of the right elbow documented range of motion described as 10 to 135 degrees full pronation and supination and no tenderness to palpation with a negative Phalen's sign. The injured worker's diagnoses included right cubital tunnel syndrome and right carpal tunnel syndrome. The injured worker's treatment recommendation included continuation of physical therapy and a gradual increase of activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OP OCCUPATIONAL THERAPY (2) TIMES A WEEK FOR (8) WEEKS- RIGHT HAND/ELBOW/WRIST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 18.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 18.

**Decision rationale:** The request for post-op occupational therapy (2) times a week for (8) weeks- right hand/elbow/wrist is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 8 visits of physical therapy postoperatively for carpal tunnel syndrome. Additionally California Medical Treatment Utilization Schedule recommends up to 20 visits of physical therapy in the postsurgical management of ulnar nerve entrapment. Clinical documentation does indicate that the injured worker has undergone surgical intervention for both of these diagnoses. It is also documented that the injured worker has previously participated in a course of physical therapy. However the number of physical therapy sessions that the injured worker has participated in was not specifically addressed. Therefore, the appropriateness of additional physical therapy cannot be determined. Also the injured worker was evaluated on 07/29/2013. No significant deficits were provided for review. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any factors that would preclude further progress of the patient while participating in a home exercise program. As such, the requested post-operative occupational therapy 2 times a week for 8 weeks for the right hand/elbow/wrist is not medically necessary or appropriate.