

<b>Case Number:</b>	CM13-0034998		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/29/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	09/11/2013
<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 Orthopedic Surgery, 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 claimant is a 57-year-old female who sustained an injury to the right upper extremity in a work-related accident on March 29, 2012. The clinical records provided for review documented that the claimant underwent a June 10, 2013 right carpal tunnel release and right ulnar nerve transposition. Postoperatively, the claimant underwent a course of formal physical therapy. The occupational therapy report from August 27, 2013 indicated that the patient had attended nine sessions to date with improvement in function for both range of motion and strength. There were no postoperative clinical records from the treating physician for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST OPERATIVE OCCUPATIONAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR TREATMENT OF THE RIGHT HAND, WRIST AND ELBOW:** Upheld

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

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

**Decision rationale:** The Postsurgical Treatment Guidelines for cubital tunnel release recommend up to twenty sessions of therapy over a ten week period of time. Guidelines also recommend 3-8 sessions of physical therapy following a carpal tunnel release procedure. There are no postoperative clinical records after the August 27, 2013 occupational therapy assessment,

where it is noted that the individual had undergone nine sessions to date. The request for twelve additional sessions of physical therapy would exceed the guidelines for both cubital and carpal tunnel release procedures. In the absence of clinical documentation regarding the claimant's postoperative progress, continuation of physical therapy cannot be supported as medically necessary.