

<b>Case Number:</b>	CM13-0037533		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Pennsylvania. 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 is a 54-year-old female who was injured on 6/1/09. The clinical records available for review include a recent 9/30/13 progress report indicating the need for left hand surgery; however, it was not formally recommended. It states that the claimant had recently attended seven recent sessions of physical therapy and indicated a physical examination that showed continued tenderness to the trapezius bilaterally as well as a positive wrist Tinel sign on the left. Further documentation of recent care is not noted. It is stated that the claimant is status post a prior right carpal tunnel release procedure in early 2013. There is also an operative report available for review dated 10/24/13 indicating a left carpal tunnel release procedure with a left thumb carpometacarpal arthroplasty being performed. At present, there is a request for presurgical occupational therapy to the claimant's hand and wrist for eight sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OCCUPATIONAL THERAPY FOR RIGHT HAND/WRIST 2 X 4 WEEKS WITH IONTOPHORESIS FOR THE TRAPEZIUS X 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines would not support continued physical therapy. The records had indicated prior to this request that the claimant had recently undergone seven sessions of formal therapy to the right hand. She is noted to be several months following carpal tunnel release surgery. The specific request for eight additional sessions of treatment would exceed guideline criteria and would not be indicated at this time.