

<b>Case Number:</b>	CM13-0046751		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/09/2000
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation 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 physician 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 a 58-year-old female who reported an injury on 03/09/2000. The patient is currently diagnosed with carpal tunnel syndrome. The patient is status post carpal tunnel release on the right. The patient was seen by [REDACTED] on 09/11/2013. That patient reported occasional swelling with soreness and stiffness. Physical examination revealed intact sensation, full range of motion of the digits, tenderness around the CMC joint, mild pain at the 1st dorsal compartment, 80 degrees wrist flexion, 75 degrees wrist extension, and negative Finkelstein's testing. Treatment recommendations included continuation of occupational therapy and a CMC short opponens brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuation of Occupational therapy once weekly qty 6 weeks , concentration on right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter, Physical Therapy.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. The patient is status post carpal tunnel release for the right wrist on 04/16/2013. The patient has previously participated in occupational therapy. However, documentation of the previous course of occupational therapy with total treatment duration and treatment efficacy was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.