

<b>Case Number:</b>	CM13-0065614		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Preventive Medicine, 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:

According to the records made available for review, this is a 61-year-old male with a 5/4/10 date of injury and status post right carpal tunnel release and right Guyon's canal release on 7/16/13. At the time (11/18/13) of request for authorization for additional post op OT 2x3 RT wrist, there is documentation of subjective (continued weakness in the right wrist/hand) and objective (tenderness to palpation of the right wrist hypothenar eminence with hypersensitivity) findings, current diagnoses (right carpal tunnel syndrome status post right carpal tunnel release and right Guyon's canal release), and treatment to date (12 post-op hand therapy sessions for the right Final Determination Letter for IMR Case Number CM13-0065614 3 wrist and right carpal tunnel and Guyon's canal release on 7/16/13). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of occupational therapy provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POST OP OCCUPATIONAL THERAPY 2X3 RT 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:** The MTUS Postsurgical Treatment Guidelines identify up to 8 visits of post-operative physical therapy over 5 weeks and a post-surgical physical medicine treatment period of up to 3 months. In addition, the MTUS Postsurgical Treatment Guidelines indicate the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. Within the medical information available for review, there is documentation of a diagnosis of right carpal tunnel syndrome. In addition, there is documentation of status post right carpal tunnel release and right Guyon's canal release on 7/16/13 and 12 sessions of post-operative occupational therapy sessions completed to date, which exceeds the MTUS Postsurgical Guidelines' recommendations. There is also no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of occupational therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary and appropriate.