

<b>Case Number:</b>	CM13-0066153		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Occupational 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 49-year-old male with an 8/22/08 date of injury, and status post open carpal tunnel release 11/8/13. At the time (11/22/13) of request for authorization for 12 visits occupational therapy post op for right hand, there is documentation of subjective (some tingling sensation in the right hand, but the pain is better) and objective (right palm wound clean and dry, no sign of infection) findings, current diagnoses (status post right open carpal tunnel release), and treatment to date (activity modification).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 VISITS OCCUPATIONAL THERAPY POST OP FOR RIGHT HAND: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 8 C.C.R. 9792.24.3 (a); 8 C.C.R. 9792.24.3(C); 8 C.C.R. 9792.24.3 (d); and 8 C.C.R. 9792.20(f).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation MTUS:Title 8, California Code of Regulations, section 9792.20.

**Decision rationale:** MTUS Postsurgical Treatment Guidelines identifies up to 3-8 visits of postoperative physical therapy over 3-5 weeks and postsurgical physical medicine treatment period of up to 3 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that

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. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence 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. Within the medical information available for review, there is documentation of a diagnosis of status post right open carpal tunnel release 11/8/13. However, given that the request is for 12 visits occupational therapy post op for right hand, the proposed number of visits exceeds postsurgical treatment guidelines. Therefore, based on guidelines and a review of the evidence, the request for 12 visits occupational therapy post op for right hand is not medically necessary.