

<b>Case Number:</b>	CM13-0067325		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Illinois. 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 injured worker is a 58-year-old female who reported an injury on 02/15/2011. The mechanism of injury was continuous trauma related to the performance of job duties. Although the injured worker initially had evidence of myofascial neck pain, there was no evidence of a cervical radiculopathy. There was also mild evidence the injured worker had cubital tunnel syndrome and median nerve irritability. With the progression of time, the injured worker's symptoms continued to increase, and she received a medial epicondylectomy and cubital tunnel release of the left side, on 03/23/2012. Despite resolution of left elbow symptoms, the injured worker continued to treat, and recommendations for a carpal tunnel release were given. It was also stated that the injured worker received an unspecified injection to the left carpal tunnel in 2012; however, there was no discussion regarding results. During this time, the injured worker began to treat with psychiatry, had a normal EMG/NCV repeat study, and multiple other evaluations by various surgeons who indicated she was not a good candidate for additional surgical interventions. In 2013, it was recommended that the injured worker be provided with splints and to not receive further surgery. Despite this recommendation, the injured worker received a right cubital tunnel release and right medial epicondylectomy on 08/09/2013. It was also noted that she received a right carpal tunnel release on 11/15/2013, and there was evidence that a left carpal tunnel release was requested. The clinical information also indicated the injured worker received 18 postoperative visits for her right cubital tunnel release. The injured worker's current diagnoses include CRPS to an unknown body region, and cervical radiculopathy. According to the most recent clinical note submitted for review, dated 11/21/2013, the injured worker continued to have 6/10 to 7/10 right hand pain with a decrease in numbness and tingling, 6/10 to 7/10 bilateral elbow pain, 6/10 neck pain, and 10/10 left wrist/hand pain. At that time, a

request was made for occupational therapy, status post carpal tunnel release. There was no other information submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**OCCUPATIONAL THERAPY TWO (2) TO THREE (3) TIMES A WEEK FOR SIX (6) WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**Decision rationale:** The California MTUS Postsurgical Guidelines recommend up to 8 visits of postoperative physical therapy after carpal tunnel release surgery. Guidelines also state that an initial course of half the recommended treatment should be performed, with re-evaluation to determine treatment efficacy. Not only does the current request not specify which body region is to be treated with the therapy; it is in excess of the recommended 4 initial visits. Furthermore, the medical records indicated that this request was previously modified for 4 sessions. Additionally, evidence does not provide strong support demonstrating the effectiveness of physical therapy after surgical intervention for carpal tunnel syndrome. Due to the lack of body region specification within the request, and the fact that it is in excess of the recommended guidelines, the request for occupational therapy 2 to 3 times a week for 6 weeks is not medically necessary.