

<b>Case Number:</b>	CM13-0067887		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/20/2005
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Minnesota. 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 77-year-old female who reported a repetitive strain injury on 02/20/2005. Current diagnoses include status post right thumb carpometacarpal (CMC) arthroplasty with FCR tendon transfer, status post right carpal tunnel release with ulnar nerve decompression at the wrist, bilateral forearm tendinitis, left thumb CMC arthrosis, and bilateral cubital tunnel syndrome. The injured worker was evaluated on 10/03/2013. The injured worker was 10 days status post right thumb CMC arthroplasty with tendon transfer and right carpal tunnel release. Physical examination revealed well healing incision sites without any evidence of infection, and intact sensation. X-rays obtained in the office on that date indicated good interposition spacing. Treatment recommendations included a prescription for a thumb spica splint as well as physical therapy 2 times a week for the next 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY TO THE RIGHT LOWER ARM/WRIST 2 TIMES WEEKLY FOR 6 WEEKS:** Upheld

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

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

**Decision rationale:** The MTUS Postsurgical Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery. The MTUS Postsurgical Guidelines state postsurgical treatment following a carpal tunnel release includes 3 to 8 visits over 3 to 5 weeks. Therefore, the current request for 12 sessions of occupational therapy following right carpal tunnel release exceeds MTUS Guidelines' recommendations. The current request is not medically necessary and appropriate.