

<b>Case Number:</b>	CM14-0006723		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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:

This is a 43-year-old female with a 2/5/13 date of injury after some plastic boxes landed on her arm. An EMG/NCS performed on 7/9/13 revealed evidence of right carpal tunnel syndrome, but was otherwise negative. She is status post right carpal tunnel release on 9/27/13 with postoperative occupational therapy (the notes of which are not available for review). She was seen on 12/10/13 where it was noted she was 2 and ½ months post-op but reported ongoing hand swelling with activity. A 1/14/14 progress report indicated the patient was not able to tolerate the prednisone given to her on her last visit and had complaints of pain and swelling in the right hand. Exam findings revealed swelling in the dorsum of the right hand, as well as swelling at the site of the transverse carpal ligament. Decreased range of motion was also noted secondary to pain and stiffness. Then patient received a median nerve block followed by a cortisone injection to the right wrist on that visit. Additional hand therapy was requested on this visit. A handwritten occupational therapy note from 1/24/14 stated the patient's edema reduced for 3 days after her injections but was swollen again; pain was note to be a 5/10. Therapy notes dated 12/30/13, 1/3/14, 1/8/14, and 1/21/14 were reviewed however the noted were handwritten and partially illegible with scant information regarding the patient's right wrist. His diagnosis was a postoperative flare of the right hand. Treatment to date: right RCTR, splinting, cortisone injections, median nerve block, medication management, and post-op hand occupational therapy A UR decision date 1/13/14 denied the request given there was no indication of objective functional improvement as there were no physical therapy notes available for review. In addition the patient's pain remained the same before and after her occupational therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY TWO TIMES PER WEEK FOR SIX WEEKS:** Upheld

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

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

**Decision rationale:** Per MTUS post surgical therapy for a carpal tunnel release recommends for 3-8 visits over 3-5 weeks. It is unclear how many sessions the patient had post operatively or if they were of any benefit. Post surgery her hand was swollen and stiff. A median nerve block and a cortisone injection were given on 1/24/14, which helped her for 3 days. The patient's postoperative physical therapy notes were handwritten and partially illegible, and it is still unclear how many sessions the patient had post operatively. However, the occupational therapy notes did not reveal any significant change in the patient's swelling or any significant pain reduction. In addition, 12 occupation therapy sessions would exceed the treatment guidelines with regard to number of visits. Given this, the request for additional occupational therapy was not medically necessary.