

<b>Case Number:</b>	CM14-0007515		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Orthopedic Surgery 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:

The patient is a 60-year-old female who has submitted a claim for bilateral carpal tunnel syndrome and bilateral first carpometacarpal degenerative arthritis associated with an industrial injury date of January 8, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of bilateral stabbing hand pain accompanied by numbness and tingling in both hands, more severe on the right. Gripping, grasping, twisting, pushing or pulling would aggravate the pain. EMG and nerve conduction study done showed bilateral mild to moderate carpal tunnel syndrome. Physical examination showed negative Tinel's and Phalen's tests bilaterally. Bilateral first carpometacarpal joint tenderness was also noted. Sensation was decreased to two-point on the right thumb and index and long finger, and was intact in the ring and small fingers. Treatment to date has included medications like Condrolite, vitamin B6 and glucosamine, bilateral thumb Spica wrist braces, and stretching exercises. Utilization review from December 26, 2013 denied the request for post-op occupational therapy twice a week for 4 weeks because the proposed surgical treatment was not certified at the time of review and therefore post-op PT or OT was not approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POST-OPERATIVE OCCUPATIONAL THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS FOR THE RIGHT WRIST/HAND:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 16-17.

**Decision rationale:** As stated on pages 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines state that physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Postsurgical Treatment Guidelines recommend physical therapy for 3-8 visits over 3-5 weeks in a 3-month postsurgical physical medicine treatment period for carpal tunnel syndrome. Medical records show that the patient has not yet undergone carpal tunnel release and is not in the post-operative state. Also, it is not clear that the proposed surgical treatment (e.g. carpal tunnel release) has even been certified. Therefore, the request for POST-OPERATIVE OCCUPATIONAL THERAPY TWO TIMES PER WEEK FOR FOUR WEEKS FOR THE RIGHT WRIST/HAND is not medically necessary.