

<b>Case Number:</b>	CM14-0119677		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Physical Medicine and Rehabilitation 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 59 year-old patient sustained an injury to the left wrist/hand on 4/1/13 while employed by [REDACTED]. The request under consideration includes occupational therapy for the left wrist, left thumb #6. Diagnoses include carpal tunnel syndrome status post left carpal tunnel release on 4/3/14 with 4 initial post-operative and an additional 6 sessions for total of 10 occupational therapy session for carpal tunnel release (CTR) and thumb pain status post cortisone injection. Conservative care has included medication, occupational therapy, splinting, cortisone injection, and modified activities/rest. Report of 5/28/14 from the provider noted hand with ongoing complaints of constant mild pain at thumb MP joint with improvement post therapy. Exam showed pain at carpometacarpal (CMC), metacarpophalangeal (MP) joint of thumb of flexor tendon sheath. Diagnoses included flexor tenosynovitis of thumb and osteoarthritis of hand. Treatment was additional 6 sessions of therapy and cortisone injection if no improvement after splinting. Report of 7/3/14 from PA-c/provider noted ongoing left hand and wrist symptoms post left CTR with temporary relief from occupational therapy completed. Exam showed well-healed surgical incision, minimum tenderness, good range of motion with intact sensation, making steady progress. Treatment plan included additional 6 occupational therapy sessions. The request for occupational therapy for the left wrist, left thumb #6 was non-certified on 7/15/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy for the left wrist, left thumb #6: 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 Page(s): 6.

**Decision rationale:** The Postsurgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits and up to 8 for open surgical approach over 3-5 weeks for a 3 month rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient has 10 occupational therapy sessions for post carpal tunnel release (CTR) and thumb tenosynovitis authorized without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications, extenuation circumstances outside guidelines recommendations, or functional improvement for thumb demonstrated to support further treatment. The patient has received enough therapy sessions recommended. The occupational therapy for the left wrist, left thumb #6 is not medically necessary and appropriate.