

<b>Case Number:</b>	CM14-0128705		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. 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 34 year old male with a reported date of injury on 6/25/13 who requested occupational therapy 3 x 8 to the right wrist. He is documented to have undergone right carpal tunnel release on 6/25/14. Therapy prescription dated 7/3/14 notes the patient has a diagnosis of right carpal tunnel syndrome and requests 3 visits per week for 4 weeks to increase range-of-motion and strengthening following the surgery. Follow-up documentation from 7/3/14 notes the patient is seen following right carpal tunnel release on 6/23/14. His pain level is tolerable with pain medications. His preoperative carpal tunnel symptoms have improved, not completely resolved. His right wrist incision is clean, dry and intact without signs of infection. His sensation has improved. Recommendation is for hand therapy. Norco was prescribed. Documentation from 6/30/14 from the primary treating physician notes the patient is seen in follow-up of right wrist joint pain, carpal tunnel syndrome and ganglion cyst. Postoperative rehabilitation was deferred to the operating surgeon. Previous medical records document signs and symptoms related to his right upper extremity injury, as well as work-up and treatment of this extremity. Utilization review dated 7/14/14 did not certify the request for 24 post-operative therapy visits, but modified to 4 therapy visits, as this was consistent with postoperative therapy guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 3x8 to the right wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 15-16.

**Decision rationale:** The patient is a 34 year old male with a history of right wrist injury. He had been treated for right wrist pain, as well as other conditions related to his right upper extremity. He underwent right carpal tunnel release on 6/25/14 and request for 24 postoperative physical therapy visits was made. Even though, the patient has chronic right wrist pain, this request for 24 therapy visits is documented to be related to his immediate post-operative period following his right carpal tunnel release. Thus, guidelines used for determination are from Post-Surgical Treatment Guidelines, Carpal Tunnel Syndrome: Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks\* Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks\* Postsurgical physical medicine treatment period: 3 months Further definitions are considered: As used in this section, the following definitions apply: (1) "General course of therapy" means the number of visits and/or time interval which shall be indicated for postsurgical treatment for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. (2) "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section. Thus, the request for 24 postoperative physical therapy visits does not satisfy these recommendations and should not be considered medically necessary. Four visits as determined by the utilization review appear consistent with the guidelines.