

<b>Case Number:</b>	CM14-0128774		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 family medicine, and is licensed to practice in 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 55-year-old with a reported date of injury of 02/28/2014. The patient has the diagnoses of carpal tunnel syndrome and left elbow lateral epicondylitis. Past treatment modalities included elective carpal tunnel release surgery. Per the progress notes provided by the primary treating physician dated 06/30/2014 the patient was reporting doing well post-surgery with no further numbness or tingling in the left hand. Physical exam noted mild tenderness at the left lateral epicondyle with full range of motion in the left wrist and hand. Physical therapy notes dated 06/19/2014 stated the patient had improving grip strength and range of motion but would benefit from additional therapy to improve strength and reduce pain and swelling. Treatment recommendations included continuation of occupational therapy and medication modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 3 times per week for 4 weeks for left wrist and left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 264, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines carpal tunnel syndrome Page(s): 16.

**Decision rationale:** The California chronic pain medical treatment guidelines section on post-surgical after carpal tunnel syndrome surgery. The goal of physical medicine is per the California MTUS is the fading of treatment frequency plus active self-directed home therapy. This patient has already completed 14 visits which is in excess of the guideline recommendations. Per the physical therapy notes the patient has made excellent progress and the physical exam documentation corroborates this point. There is no indication why this patient cannot begin self-directed home therapy. For these reason guideline recommendations have not been met and therefor the request is not medically necessary.