

<b>Case Number:</b>	CM14-0155018		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 61-year-old male with a 4/30/12 date of injury. The patient sustained an industrial injury to the right hand due to cumulative trauma. According to a progress note dated 9/12/14, the patient recently underwent surgery for left endoscopic carpal tunnel release left index trigger finger release surgery performed on 6/5/14 and status post right cubital and carpal tunnel release on 3/19/14. He has been doing well postoperatively but still reported persistent numbness and tingling. According to an RFA dated 8/7/14, this is a request for occupational therapy status post left carpal tunnel release and index trigger release. According to a report dated 6/19/14, it is noted that 12 visits have already been approved for his left hand. Objective findings: surgical incision site healing nicely, wrist range of motion mildly restricted, left hand digits extremely stiff, light stroke sensory testing decreased in thumb, index, and long finger. Treatment to date: medication management, activity modification, hand therapy, acupuncture. A UR decision dated 9/17/14 denied the request for occupational therapy. It is not clear whether the additional therapy is to be directed to the right, the left, or to both hands. If it is for the right, then it is unlikely that therapy will be of benefit 6 months after surgery. If the request is for additional therapy for the left, then the request is denied as the current prescription (which actually exceeds the MTUS recommendations) has not been completed and there is no documentation of improvement with therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OCCUPATIONAL THERAPY 1-2 TIMES A WEEK FOR 5 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 15.

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

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. However, according to an RFA dated 8/7/14, this is a request for occupational therapy status post left carpal tunnel release and index trigger release. It is noted that the patient has had at least 12 visits of physical therapy authorized for postsurgical treatment of his left hand. It is unclear if he has completed these sessions, and there is no documentation of functional gains from the previous sessions. Guidelines support up to 3-8 visits over 3-5 weeks for postsurgical treatment of carpal tunnel syndrome. An additional 10 sessions would exceed guideline recommendations. Therefore, the request for Occupational therapy 1-2 times a week for 5 weeks was not medically necessary.