

<b>Case Number:</b>	CM14-0167408		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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:

This is a 48-year-old female with an 11/22/13 date of injury. According to a progress report dated 9/16/14, this patient was seen to follow up on LMF A1 pulley release, left wrist TFCC debridement, and left wrist carpal tunnel release, which occurred on 7/22/14. She complained of numbness/tingling still of her median-innervated fingers and indicated tenderness to the palmar aspect of her hand. She has been attending therapy and has one more visit left. Objective findings: diffuse swelling throughout left wrist and hand digits, hesitation to move her left hand digits and wrist, moderate tenderness at the A1 pulley area of the LMF, patient unable to detect two-point discrimination at the median nerve distribution of her left hand at 8mm. Diagnostic impression: status post carpal tunnel release of left wrist and A1 pulley release operation of left middle finger and left wrist TFCC debridement on 7/22/14, wrist pain, carpal tunnel syndrome, stiffness of wrist. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 9/26/14 denied the request for 12 sessions of post-op occupational therapy. A specific rationale for denial was not available in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op occupational therapy three times a week times four weeks for the left wrist/hand:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 16,22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Syndrome, TFCC-Injuries (debridement), Trigger Finger.

**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. In the present case, this patient has had prior post-operative physical therapy treatment. However, the number of completed sessions is not noted. Guidelines support up to 3-8 visits over 3-5 weeks for carpal tunnel syndrome, 10 visits over 10 weeks for TFCC debridement, and 9 visits over 8 weeks for trigger finger surgery. An additional 12 sessions, along with the previously completed sessions, would exceed guideline recommendations. In addition, there is no documentation of functional improvement from prior physical therapy treatment. Therefore, the request for Post-Op Occupational Therapy three times a week times four weeks for the left wrist/hand was not medically necessary.