

<b>Case Number:</b>	CM14-0022312		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Internal 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:

The injured worker is a 53 year old female whose date of injury is 08/27/2013. The injured worker tried to pick up a case of pizza sauce when it fell on her right wrist and hand. Electromyography (EMG)/Nerve Conduction Velocity (NCV) dated 10/02/13 revealed evidence of right carpal tunnel syndrome, moderate to severe. The injured worker underwent right open carpal tunnel release on 03/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 POST OPERATIVE OCCUPATIONAL THERAPY 2X6 =12: Upheld**

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

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

**Decision rationale:** Based on the clinical information provided, the request for postoperative occupational therapy 2 x 6 is not recommended as medically necessary. The injured worker is status post right open carpal tunnel release on 03/28/14 and has been authorized for 4 postoperative occupational therapy visits to date. CA MTUS guidelines support 3-8 visits of postoperative therapy for the injured worker's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no postoperative records submitted for

review documenting the injured worker's response to the 4 authorized visits of occupational therapy. There is no current, detailed physical examination submitted for review. The request is not medically necessary and appropriate.