

<b>Case Number:</b>	CM14-0040609		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Emergency 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:

Patient with reported date of injury on 11/6/2013. Mechanism of injury was not provided. Patient has a diagnosis of R carpal tunnel syndrome and right (R) shoulder pain/strain. Medical records reviewed. Last record reviewed until 2/20/13. Patient (pt) has a known complaint of R hand pain and numbness. Numbness to 1st-3rd fingers. Objective exam is positive for Tinel's. Neurovascular is intact. Nerve Conduction Velocities on 12/12/13 reveals moderate R carpal tunnel and minimal of left (L) side. Pt has attempted cortisone injections and physical therapy of affected wrist with no improvement. Independent Medical Review is for post-operative occupational therapy of R wrist (original request was for 6). Prior UR on 2/21/14 approved carpal tunnel release surgery and modified post-operative occupational therapy from 6 sessions to 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Occupational Therapy right/wrist quantity 1: Upheld**

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

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

**Decision rationale:** As per MTUS Postsurgical Guidelines, occupational therapy (OT) has limited evidence to support effectiveness however it may be considered. MTUS recommends 3-5 sessions over 4 weeks up to a maximum of 8 sessions. It requires documentation of improvements after the first 1-2 weeks before more sessions can be recommended. The partially certified 4 sessions allows time for the assessment and documentation of improvement as recommended by MTUS. More sessions can be requested after assessment and documentation of improvement. The requested 6 sessions of Occupational Therapy are not medically necessary.