

<b>Case Number:</b>	CM14-0074761		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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:

The patient is a 45-year-old female who has submitted a claim for right carpal tunnel syndrome associated with an industrial injury date of 02/27/2013. Medical records from 2013-2014 were reviewed and showed that patient is status post right endoscopic carpal tunnel release on 01/11/2014. According to the most recent progress report dated 04/02/2014, patient states she is improved overall and just complains of some weakness and intermittent sharp pains in her right wrist. Physical examination revealed mild swelling at the carpal tunnel. Grip strength was 5,4 and 3kg after completing 11 sessions of physical therapy. Treatment to date has included surgery and physical therapy. Utilization review, dated 05/16/2014, denied the request for Occupational therapy for the right wrist 2 times a week for 5 weeks, Quantity: 10 because patient has clearly reached a plateau with minimal improvement in strength despite completing a significant number of physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the right wrist 2 times a week for 5 weeks, QTY: 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 104. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 6, pages 113-114.

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

**Decision rationale:** As stated on the Post-surgical Treatment Guidelines, Carpal Tunnel Syndrome section, there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3-5 visits over 4 weeks after surgery, up to maximum of 3 months. In this case, patient has had endoscopic carpal tunnel release in January 2014 (8 months to date). Patient has also completed at least 11 sessions of physical therapy. Clearly, the patient has exceeded the recommended treatment period and number of therapy sessions. Furthermore, the guidelines state that prolonged therapy visits are not supported. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Occupational Therapy for the right wrist 2 times a week for 5 weeks, Quantity: 10 is not medically necessary.