

<b>Case Number:</b>	CM14-0099647		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 51 year old patient had a date of injury on 9/13/2012. The mechanism of injury was not noted. In a progress noted dated 5/19/2014, subjective findings included he is emotionally depressed due to concerns about career. He is status post video and labral repair for torn SLAP 3/10/2014 without problems. On a physical exam dated 5/19/2014, objective findings included he has painful volar flexor tendonitis right wrist with 30 degrees of DF/PF. He is tender over the left 4th flexor of the fingers. He is wearing a right wrist immobilizer. Diagnostic impression shows cervical sprain, right rotator cuff tear, right carpal tunnel syndrome. Treatment to date: medication therapy, behavioral modification, surgery. A UR decision dated 6/11/2014 denied the request for occupational therapy 9 post-op visits, stating that 4 visits to initiate OT is medically necessary to restore function post op, and additional visits may be ordered following an assessment of response to initial OT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 9 Post-op visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. CA MTUS post surgical treatment guidelines are recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). In this case, the request is for an initial 9 post-op visits. The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to 3-8 visits over 3-5 weeks. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Therefore, the request for 9 occupational therapy post op visits is not medically necessary.