

<b>Case Number:</b>	CM14-0187207		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia, and North Carolina. 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 58 year old female with a reported date of injury on 1/12/11 who requested occupational therapy 2 x 6. She had undergone left thumb CMC arthroplasty and left carpal tunnel release on 6/16/14. Documentation from 10/16/14 notes the patient has continued with her post-operative therapy, self-treatment and protective bracing. The left wrist examination reveals mildly tender carpal tunnel incision. There is satisfactory range-of-motion of the digits and range-of-motion of the wrist is documented. The plan is for the patient to continue postoperative care for the left carpal tunnel release, as well as range-of-motion and strengthening. Documentation from progress report dated 10/15/14 notes that the patient has continued to progress with therapy. There is mild swelling and slight stiffness in the left wrist and thumb. There is slight tenderness of the left carpal tunnel scar. Grip and pinch strength are diminished. Plan is to continue occupational therapy (OT) twice per week for 6 weeks for stretching and strengthening, as well as non-steroidal anti-inflammatory drugs (NSAIDs). Documentation from progress report dated 7/23/14 notes that the patient has continued to progress with therapy. Her wounds are well healed. There is mild swelling and slight stiffness in the left wrist and thumb. Grip strength is diminished. Plan is to continue OT twice per week for 6 weeks as well as NSAIDs. UR dated 10/30/14 did not certify OT for 12 visits but modified to 6 visits. Reasoning given was that the patient had already completed 33 post-surgical visits and an additional 6 is necessary to transition into a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional occupational therapy 2 x 6 for the left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical/Occupational Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16; 19, 22.

**Decision rationale:** The patient is a 58 year old female who had undergone left carpal tunnel release and left thumb CMC arthroplasty with tendon interposition. Based on the UR, the patient had already completed 33 occupational therapy visits. Most recent documentation notes improvement in the patient's overall status; however, the degree of improvement is not clear. The documentation from 7/23/14 as compared to 10/15/14 is very similar and does not help to clarify any specific degree of functional improvement. In addition, based on the guidelines for carpal tunnel syndrome, tendon transfer, and arthropathy, the patient has exceeded the total number of visits allowed. While the number of visits for each procedure should not be additive, additional therapy is warranted beyond any single surgery duration. Therefore, this request is not medically necessary.