

<b>Case Number:</b>	CM14-0196185		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/14/2007
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Oregon. 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 61 year old machine operator was injured when she was removing a mask from a machine and another employee activated the machine which caught the injured worker's right hand on 8/14/07. Treatment to date: Right wrist arthroscopy (3/1/12), OT x 21 injections, Right carpal tunnel release and right thumb arthroplasty (8/17/12), PT x 21, OT x 12, EMG/NCS 2013, Repeat CTR-right 8/25/14 with Post-op OT x12. Per the MD report the IW has completed 11/12 post-op therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: Occupational therapy 3 x 4, right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carpal Tunnel Release, therapy guidelines.

**Decision rationale:** The patient's most recent diagnosis is carpal tunnel release. The MTUS guidelines allow for up to 8 visits following carpal tunnel release. The patient has already exceeded the guidelines and is beyond the treatment period. His other procedures were

performed in 2012. There is no documentation of a new diagnosis for which therapy is recommended. The request is not medically necessary.

**Associated surgical service: Pre-fab wrist splint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** ACOEM supports splinting for carpal tunnel syndrome and DeQuervains tenosynovitis. According to the guidelines, "Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals." In this case, the patient's carpal tunnel, thumb and wrist pain have been treated. The ACOEM guidelines do not support prolonged splinting for any diagnosis. The request is not medically necessary.