

<b>Case Number:</b>	CM14-0201524		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 New York. 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 has diagnoses of cervical strain, cervical radicular pain, cervical DDD, right wrist tendinitis and right carpal tunnel syndrome. Electrodiagnostic studies show mild right median nerve neuropathy at the wrists. The patient continues to have wrist symptoms and had right carpal tunnel release and ulnar nerve decompression at the wrist in July 2014. The patient's postoperative visit from July 24, 2014 shows that the sutures were removed and occupational therapy postoperatively was ordered. Physical examination from October 16, 2014 demonstrate that the patient had persistent pain and weakness affecting the right hand however she was improving with therapy. Specific documentation of the type of improvement is not present the medical records. Physical examination showed negative Tinel's and negative Phalen's. At issue is whether occupational therapy is recommended at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(OT) Occupational Therapy 2 times a week for 6 weeks, Right Wrist: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines, MTUS hand pain chapter.

**Decision rationale:** The patient does not meet criteria for additional 12 visits of occupational therapy at this time. Specifically, the medical records do not document exact improvement with previous therapy. He remains unclear exactly how much occupational therapy the patient is early had exactly how much functional improvement the patient has achieved with previous occupational therapy. Additional documentations necessary. In addition guidelines recommend a short course of therapy with documented improvement prior to recommending more occupational therapy. Request for additional 12 visits of occupational therapy not medically necessary.