

<b>Case Number:</b>	CM14-0204004		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 50 year-old male with a 2/13/12 date of injury. On 5/15/14 he underwent right cubital tunnel release, ulnar osteotomy, and endoscopic carpal tunnel release. The physician submitted a request for additional therapy on 11/12/14. On 11/14/14 utilization review states the patient had 18 sessions of PT, and denied the request for 12 additional hand therapy sessions stating patient are expected to continue active therapies at home.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times a week for 6 weeks, right upper extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Carpal tunnel syndrome

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section; Carpal Tunnel Syndrome Page(s): 98-99; 15.

**Decision rationale:** The request for occupational therapy 2x6 was submitted on 11/12/14, which is 2-days in the postsurgical physical medicine treatment period for the 5/14/14 cubital tunnel release. The patient is reported to have completed 18 sessions of postsurgical therapy. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states those

8-10 sessions of therapy are indicated for various myalgias or neuralgias. The patient has had 18 sessions of postsurgical therapy and the request for additional 2x6 will exceed the recommended number of postsurgical therapy treatments and duration recommended under the MTUS postsurgical treatment guidelines. MTUS chronic pain guidelines states those 8-10 sessions of therapy are appropriate for various myalgias and neuralgias. The request for OT 2x6 will exceed the recommendations under the MTUS chronic pain guidelines. The request for occupational therapy 2x6 is not in accordance with the MTUS guidelines for chronic pain or postsurgical guidelines. The request for Occupational therapy 2 times a week for 6 weeks, right upper extremity is not medically necessary.