

<b>Case Number:</b>	CM15-0102835		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 32 year old female who reported an industrial injury on 10/28/2010. Her diagnoses, and/or impressions, are noted to include: bilateral carpal tunnel syndrome; lesion of ulnar nerve, status-post decompression of the bilateral elbow ulnar nerve release surgery; and possible cervical radiculopathy. No current imaging studies are noted. Her treatments have included use of a brace at night; injection therapy to the right and left effective; right endoscopic carpal tunnel release surgery on 3/6/2015; post-operative physical therapy; medication management; and rest from work. The progress notes of 4/2/2015 noted a post- surgical visit with a stated, overall, decrease in numbness and tingling, except in the right index and middle fingers. Objective findings were noted to include mild swelling with tenderness in the right proximal palm at the surgical site, which was well healed; and full range-of-motion in the right wrist and all digits following completion of her post-operative therapy visits. The physician's requests for treatments were noted to include post-operative occupational therapy for the left upper extremity to improve upon her deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post op occupational therapy left upper extremity 3 x 4: Upheld**

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

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

**Decision rationale:** The request is for post-op occupational therapy to the left upper extremity 3 times/week for 4 weeks. There is no documentation of electrodiagnostic studies of the claimant's upper extremities to support acute compression at the left wrist. MTUS guidelines do not support OT to the left wrist as the role of the operative intervention has not been established. A lack of documentation deems this request not medically necessary.