

<b>Case Number:</b>	CM15-0103804		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 47 year old male, who sustained an industrial injury on 04/06/2013. The injured worker is currently off work. The injured worker is currently diagnosed as having bilateral carpal tunnel syndrome, bilateral posterior interosseous nerve irritation, bilateral lateral epicondylitis, left shoulder distal clavicle resection, and left hand carpal tunnel release. Treatment and diagnostics to date has included electrodiagnostic study showed bilateral carpal tunnel syndrome, left hand surgery, shoulder surgery, cortisone injections, use of wrist braces, home exercise program, and medications. In a progress note dated 05/19/2015, the injured worker presented with complaints of tingling and numbness in his right hand and pain in both elbows with recent left hand carpal tunnel release surgery. Objective findings include slightly decreased shoulder range of motion and pain over the elbows and right forearm. The treating physician reported requesting authorization for postoperative occupational therapy to the right hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Occupational Therapy 2 x per week x 6 weeks right hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist, and hand section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, post operative occupational therapy two times six weeks to the right hand times a week is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are bilateral carpal tunnel syndrome; bilateral posterior interosseous nerve irritation; bilateral lateral epicondylitis; left shoulder distal clavicle resection; left-hand carpal tunnel release. The date of injury is April 6, 2013. According to a progress note dated May 19, 2015, the injured worker has bilateral carpal syndrome. The injured worker had a left carpal tunnel release on May 14, 2015. The worker developed tingling and numbness in the right hand. A subsequent request for carpal tunnel surgery on the right hand was submitted on May 20, 2015. In addition to the surgical request, postoperative physical therapy 2 times per week times 6 weeks was requested. The guidelines recommend 3-8 postsurgical visits over three-five weeks. The treating provider requested 2 sessions per week times six weeks (12 physical therapy sessions). Additionally, a six visit clinical trial is indicated prior to continuing with physical therapy. Consequently, absent compelling clinical documentation with a six visit clinical trial with a total request for 12 sessions (in excess of guideline recommendations 3-8), postoperative occupational therapy two times per week times six weeks to the right hand is not medically necessary.