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| <b>Case Number:</b>   | CM15-0132036 |                              |            |
| <b>Date Assigned:</b> | 07/20/2015   | <b>Date of Injury:</b>       | 10/23/2013 |
| <b>Decision Date:</b> | 08/17/2015   | <b>UR Denial Date:</b>       | 06/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/08/2015 |

### 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  
 Certification(s)/Specialty: Emergency 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 55-year-old male, who sustained an industrial injury on 10/23/2013, resulting from a motor vehicle accident. The injured worker was diagnosed as having wrist sprain, right. Treatment to date has included diagnostics, multiple right wrist surgeries (most recent-right carpal tunnel release on 5/08/2015), occupational therapy, and medications. Currently, the injured worker complains of right wrist pain with decreased numbness versus pre-operative. Exam noted right hand incision healed and decreased grip strength. The treatment plan included additional post-operative occupational therapy, 2x4, to increase grip strength and function. Per the request for authorization, 10 of 14 authorized sessions were completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Occupational therapy 2x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines

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**Decision rationale:** Patient is post-carpal tunnel release. As per MTUS Post surgical treatment guidelines, maximum recommend physical medicine sessions are 3-8sessions. Patient has reportedly completed 10 of 14 sessions at time of request. Request exceeds recommended sessions. 8 sessions of Occupational therapy is not medically necessary.