

<b>Case Number:</b>	CM15-0148468		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	05/23/1999
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 72 year old female sustained an industrial injury to the back, neck, shoulder and wrists via cumulative trauma from 5-23-98 to 5-23-99. Previous treatment included right carpal tunnel release. Recent treatment consisted of medication management. In a progress note dated 5-6-15, the injured worker complained of increasing numbness and tingling in the left hand. The physician noted that the injured worker had worn braces at night when sleeping. The treatment plan included a hand surgery consultation and left hand magnetic resonance imaging. Magnetic resonance imaging left wrist (6-4-15) showed a radial margin triangular fibrocartilage tear with extensor carpi ulnaris tendinosis. In a progress note dated 6-22-15, the injured worker complained of continuing numbness and tingling in both hands involving the thumb, index, middle and ring fingers with triggering of the right middle and ring fingers. Physical exam was remarkable for mild tenderness to palpation at the A1 pulley base of the right middle and ring fingers with full range of motion in all digits of the right hand and positive bilateral Tinel's with intact motor exam bilateral. Current diagnoses included status post right carpal tunnel release with residuals, left carpal tunnel syndrome and standing tenosynovitis of the right middle and ring fingers. The physician noted that the injured worker's symptoms were refractory to conservative treatment. Documentation did not disclose previous methods of conservative treatment. The treatment plan included left endoscopic carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative occupational therapy, quantity: 12 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS guidelines allow 3-8 visits for postoperative occupational therapy following endoscopic carpal tunnel release. The surgeon's request for 12 visits exceeds the guidelines. The records do not offer any rationale for why up to 8 visits will not be sufficient for this patient's carpal tunnel rehabilitation and therefore is not medically necessary.