

<b>Case Number:</b>	CM15-0166103		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Orthopedic Surgery, Hand Surgery, Sports 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 42 year old female, who sustained an industrial injury on October 29, 2014. The injured worker is diagnosed as having a left hand crush injury, mild left wrist carpal tunnel syndrome and mild right wrist carpal tunnel syndrome both per EMG/NVC studies on February 20, 2015. Her work status is temporary total disability. Currently, the injured worker complains of constant bilateral wrist and hand pain with numbness and tingling in her arms, which interferes with her ability to lift, grip and open jars due to increased pain. She reports she has difficulty hold on to items with her left hand as she drops them. Physical examinations dated May 1, 2015 to July 24, 2015 reveals "tenderness to palpation over the volar wrist-forearm" on the left hand and wrist with "decreased sensation to light touch to the left thumb, index and middles fingers". Her right wrist and hand reveals "tenderness to palpation over the volar wrist and forearm". The color and temperature is within normal limits bilaterally. The note on July 24, 2015 states the injured worker has not received therapeutic efficacy from acupuncture, activity modification, medication and bracing. She has had five acupuncture treatments to both wrists (unknown benefit) and is engaged in a home exercise program. The requested post-operative occupational therapy two times six has been modified to one times 4, per utilization review letter dated August 12, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op Occupational Therapy 2x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

**Decision rationale:** The California MTUS notes that, there is limited evidence demonstrating effectiveness of therapy for carpal tunnel syndrome and, carpal tunnel release surgery is a relatively simple operation that should not require extensive therapy visits for recovery (page 15). The guidelines support 3-8 therapy sessions over 3-5 weeks after carpal tunnel release surgery (page 16). An initial course of therapy is defined as one half the maximal number of visits (page 10) 4 sessions following carpal tunnel surgery. Additional therapy sessions up to the maximum allowed is appropriate only if there is documented functional improvement defined as clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment (page 1). The requested 12 sessions exceeds guidelines and is not medically necessary.