

<b>Case Number:</b>	CM15-0180408		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 47 year old female who sustained an industrial injury on 8-10-2012. A review of medical records indicates the injured worker is being treated for bilateral carpal tunnel syndrome, status post right carpal tunnel release, status post left carpal tunnel release, repetitive use injury bilateral upper extremities, and chronic regional pain syndrome type II bilateral upper extremities. Medical records dated 8-11-2015 noted her symptoms were the same. She continued to have pain in her wrist and hands with burning in her fingers. She explained it was difficult to get dressed. Physical examination noted edema to the bilateral hands-fingers-wrists which had improved since the prior exam. There was diffuse tenderness to palpation of bilateral volar wrists. There was minimal active range of motion of the fingers. She was guarded and reported pain. Treatment has included splinting, occupational therapy, Naproxen and Norco. Utilization review form dated 8-28-2015 modified Postoperative occupational therapy x 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Post-op Occupational therapy X 12: Upheld**

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

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

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, page 16, 3-8 visits over a 3 month period is authorized. From the submitted records there is insufficient documentation of how many visits have been performed postoperatively. In addition the request exceeds the recommended number of OT visits after carpal tunnel release. Therefore the request is not medically necessary.