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| <b>Case Number:</b>   | CM15-0197492 |                              |            |
| <b>Date Assigned:</b> | 10/16/2015   | <b>Date of Injury:</b>       | 04/02/2014 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 09/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/07/2015 |

### 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:

This injured worker is a 53 year old female who reported an industrial injury on 4-2-2014. Her diagnoses, and or impressions, were noted to include bilateral carpal tunnel syndrome, status-post bilateral carpal tunnel release surgeries. Recent electrodiagnostic studies were said to have been done on 5-13-2015 but were note noted; and no imaging studies were noted. Her treatments were noted to include: previous left carpal tunnel release surgery and right carpal tunnel decompression in 7-2015, followed by only 1 physical therapy session (due to denial); teaching of range-of-motion exercises; medication management (reportedly denied); and rest from work. The progress notes of 8-31-2015 reported: starting physical therapy (PT) 5 weeks post-operatively, before finding out that the PT had been denied; that her pain levels were tolerable and sensation was improving; of sensitivity along the incision, and of stiffness in the wrist. The objective findings were noted to include: obesity; decreased bilateral grip strength, right > left; post-operative improvement but remained very stiff and remarkably weak following bilateral carpal tunnel surgery, some time ago for the left, and with only 1 therapy session for the right. The physician's requests for treatment were noted to include a 3 week follow-up, hopefully following therapy for cuff strengthening and conditioning. The Request for Authorization (RFA), dated 9-2-2015, was noted for occupation therapy 2 x a week for 6 weeks, but not for re-evaluation and treatment; no RFA was noted for re-evaluation and treatment in the medical records provided. The Utilization Review of 9-16-2015 non-certified the request for post-operative occupational therapy re-evaluation and treatment, 2 x a week x 6 weeks, for the bilateral wrists.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Post-Operative Occupational Therapy Re-evaluation and Treatment for the Right Wrist (2 times a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3-month period is authorized. In this case the requested number of visits exceeds the number of visits specified by the CA MTUS Post Surgical Treatment Guidelines. Therefore the determination is for non-certification. The request is not medically necessary.

### **Post-Operative Occupational Therapy Re-evaluation and Treatment for the Left Wrist (2 times a week for 6 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Carpal Tunnel Syndrome.

**Decision rationale:** Per the CA MTUS/Post Surgical Treatment Guidelines, Carpal tunnel syndrome, page 16, 3-8 visits over a 3-month period is authorized. In this case the requested number of visits exceeds the number of visits specified by the CA MTUS Post Surgical Treatment Guidelines. Therefore the determination is for non-certification. The request is not medically necessary.