

<b>Case Number:</b>	CM15-0201008		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	07/22/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

This 26-year-old man sustained an industrial injury on 7-22-2014. Diagnoses include wright wrist laceration with injury to the radial artery, nerve and flexor carpi radialis tendon; right carpal tunnel syndrome with acute exacerbation, left carpal tunnel syndrome, and right radial sensory neuroma versus nerve entrapment in scar. Treatment has included oral medications, left hand injection, and surgical intervention. Physician notes dated 9-17-2015 show complaints of left hand pain and burning. The physical examination shows right hand edema, ecchymosis, and an open wound with tenderness to palpation of the forearm. Sensation is positive in the radial nerve distribution, and is less on the dorsal thumb. Tinel's is positive over the dorsum of hand, sensation is reduced I the medical nerve distribution. The left hand shows edema, ecchymosis, and an open wound with thenar wasting. Tinel's and Phalen's are positive over the median nerve. Recommendations include Gabapentin preoperatively, ascorbic acid, night time volar wrist splint for the left, endoscopic left CTR, electromyogram, an further surgical intervention. Utilization Review denied occupational therapy on 9-28-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the right arm and left wrist, twice a week for six weeks: 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): Carpal Tunnel Syndrome, Forearm, Wrist, & Hand.

**Decision rationale:** The beneficiary is a 27-year-old man with bl wrist and hand pain due to previous work-related injury. The patient is planned for a left wrist carpal tunnel release and a right wrist nerve exploration, neurolysis and resection of any neuroma. The requested OT is for the right arm and left wrist twice a week for 6 weeks for 12 sessions. According to the MTUS, there is limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. In this case, the OT is requested pre-operatively. The amount of therapy is in excess of the recommendation per the MTUS. In addition, after the first week of therapy the benefits of continued therapy need to be assessed before further therapy can be authorized. The requested occupational therapy is not medically necessary.