

<b>Case Number:</b>	CM15-0022175		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Family Practice

### 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 57 year old female injured worker suffered an industrial injury on 1/2/2014. The diagnoses were traumatic musculoligamentous strain of the cervical sprain, left shoulder strain/sprain with impingement syndrome, bilateral carpal tunnel syndrome, musculoligamentous strain of the lumbar spine, discogenic disease of the lumbar spine and bilateral plantar fasciitis. The diagnostic studies were electromyography of the bilateral upper extremities and x-rays. The treatments were carpal tunnel release and left A 1 pulley release on 10/16/14. The injured worker has been certified 9 sessions of post operative physical therapy. The treating provider reported her pain tolerance was very poor but she has excellent range of motion to the left carpal tunnel release. The Utilization Review Determination on 1/23/2015 non-certified Occupational therapy 2 times a week for 3 weeks to left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times a week for 3 weeks to left wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 21, 16.

**Decision rationale:** The MTUS post-surgical guidelines allow for 14 visits of post-operative therapy over 12 weeks for radial styloid tenosynovitis (de Quervain's), The MTUS post-surgical guidelines allow for 3-8 visits over 3-5 weeks for carpal tunnel syndrome. In this case, the injured worker is status post carpal tunnel and left A1 pulley release on 10/16/2104. The injured worker has been certified 9 sessions of post operative physical therapy treatments and the request for an additional 6 sessions of therapy exceeds the recommended amount of post operative therapy. Furthermore, the medical records do not establish red flags or significant deficits that would preclude the injured worker from performing an independent home exercise program. The request for Occupational therapy 2 times a week for 3 weeks to left wrist is not medically necessary.