

<b>Case Number:</b>	CM15-0217139		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 45 year old female who sustained an industrial injury on 08-28-2007. A review of the medical records indicated that the injured worker is undergoing treatment for right carpal tunnel syndrome. The injured worker is also receiving treatment for right brachial plexopathy. The injured worker is status post right carpal tunnel release with limited tenosynovectomy on 07-02-2015 and first rib resection and partial scalene resection in 05-2014. According to the treating physician's progress report on 08-28-2015, the injured worker continues to experience some tenderness over the surgical site of the right wrist but overall symptoms have decreased. Examination demonstrated a clean, well healing incision site with tenderness to palpation over the surgical site. The injured worker had good active range of motion of the fingers, wrist and elbow. Neurovascular status was intact. Prior treatments have included diagnostic testing, surgery, hand therapy post-operatively (unknown quantity) and medications. Current medications were listed as Tramadol, Naproxen and Gabapentin. The injured worker is currently not working. Treatment plan consists of continuing with medication regimen and the current request for occupational therapy twice a week for 6 weeks for the right wrist. On 10-16-2015 the Utilization Review determined the request for occupational therapy twice a week for 6 weeks for the right wrist was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2xwk x 6wks for the right wrist: Upheld**

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

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

**Decision rationale:** Based on the 8/28/15 progress report provided by the treating physician, this patient presents with decrease in symptoms but tenderness over surgical site and the right wrist and is s/p right carpal tunnel release from 7/2/15. The treater has asked for Occupational therapy 2xwk x 6wks for the right wrist on 8/28/15. The patient's diagnoses per request for authorization dated 8/28/15 are Rt. CTR s/p 7/2/15 and thoracic outlet syndrome. The patient is s/p surgery for bladder cancer from 2009 per 8/28/15 report. The patient is also s/p scalenectomy and rib resection of unspecified date per 8/4/15 report. The patient has improvement in neck and shoulder range of motion per 8/4/15 report. The patient is currently taking medications for pain/inflammation per 8/28/15 report. The patient is currently not working and has not worked in the past 8 years due to other shoulder issues per 8/28/15 report. MTUS Postsurgical Guidelines, Carpal Tunnel Syndrome section, page 15 states: "Recommended as indicated below. 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. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is a relatively simple operation that also should not require extended multiple therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis." Carpal tunnel syndrome (ICD9 354.0): Postsurgical treatment (endoscopic): 3-8 visits over 3-5 weeks; Postsurgical physical medicine treatment period: 3 months Postsurgical treatment (open): 3-8 visits over 3-5 weeks; Postsurgical physical medicine treatment period: 3 months. In this case, review of the reports does not show any evidence of prior postoperative therapy for the right wrist. The patient is s/p carpal tunnel release on the right from 7/2/15. However, MTUS only allows for 3-8 sessions in the case of carpal tunnel release and the current request for 12 sessions exceeds guideline recommendations. Hence, the request is not medically necessary.