

<b>Case Number:</b>	CM15-0031551		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: 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 52 year old female, who sustained an industrial injury on 4/12/14. She has reported bilateral wrist pain. The diagnosis included carpal tunnel syndrome. Treatment to date has included carpal tunnel decompression on left, physical therapy and home exercise program. Currently, the injured worker complains of continued stiffness of left hand and numbness and tingling of right hand. On physical exam, dated 1/13/15 full hand motion is noted bilaterally with mild residual left wrist stiffness, slight residual left palmar tenderness and positive compression test at right wrist with reproduction of paresthesias in median distribution with right carpal tunnel compression. On 1/21/15 Utilization Review non-certified post-operative occupational therapy re-evaluation left hand/wrist, noting due to persisting scar tenderness and significant weakness and additional 6 sessions of physical therapy is reasonable and additional postoperative occupational therapy 2 times a week for 6 weeks, left hand/wrist, 6 are considered necessary, fading to a home exercise program noting the completion of 12 sessions previously. The MTUS, ACOEM Guidelines, was cited. On 2/19/15, the injured worker submitted an application for IMR for review of post-operative occupational therapy re-evaluation left hand/wrist and additional postoperative occupational therapy 2 times a week for 6 weeks, left hand/wrist.

### 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, left hand/wrist #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**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. From the submitted records of 1/13/15 there is insufficient documentation of why the patient cannot be transitioned to a home program or functional improvement from prior occupational therapy visits. Therefore the determination is for non-certification.

**Additional post-Operative Occupational therapy, 2 times a week, left hand /Wrist #12:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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

**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. From the submitted records of 1/13/15 there is insufficient documentation of why the patient cannot be transitioned to a home program or functional improvement from prior occupational therapy visits. Therefore the determination is for non-certification.