

<b>Case Number:</b>	CM15-0035401		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 32 year old female, who sustained an industrial injury on 10/28/10. She has reported elbow and wrist injury. The diagnoses have included bilateral carpal tunnel syndrome, status post ulnar nerve decompression procedures of both elbows and possible cervical radiculopathy. Treatment to date has included ulnar decompression, injection in the right carpal tunnel and oral medications. Currently, the injured worker complains of numbness and tingling in bilateral hands, prior to surgery. On physical exam dated 1/22/15, positive Tinel's test of bilateral wrists was noted with full range of motion and no swelling or tenderness. On 2/2/15 Utilization Review non-certified post-op occupational therapy 3 times a week for 4 weeks modified to 4 sessions, noting the guidelines recommend one half the number of visits are recommended for initial therapy. The MTUS, ACOEM Guidelines, was cited. On 2/25/15, the injured worker submitted an application for IMR for review of post-op occupational therapy 3 times a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Occupational Therapy three (3) times per week for four (4) weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

**Decision rationale:** According to the CA MTUS/ACOEM, page 79, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case, the records cited do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore, the determination is for non-certification.