

<b>Case Number:</b>	CM15-0038926		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 was 60-year-old male, who sustained an industrial injury, December 13, 2010. According to progress note of February 3, 2015, the injured workers chief complaint was continued to experience tingling and numbness in the right hand. The physical exam there was no wrist motion secondary to fusion and continues to have Boutonniere deformity of the right log finger. The injured worker was positive for Durkin's sign and positive for Tinel's sign. The injured worker had diminished two point discrimination in the thumb, index finger of 7mm and long finger was 6mm. There was a 20 to 40 degree of MP joint range of motion of the right thumb and positive grind test at the CMC joint on the right thumb. The injured worker was diagnosed with right wrist fusion, Boutonniere deformity, right long finger, carpal tunnel syndrome and CMC joint and MCP joint arthritis of the right thumb. The injured worker previously received the following treatments cortisone injections, right wrist fusion, carpal tunnel steroid injection, TENS (transcutaneous electrical nerve stimulator) unit, EMG/NCV (electromyography/nerve conduction velocity studies) of the right upper extremity and home exercise program. The plan after the December 9, 2014 visit was carpal tunnel steroid injection. The plan at the January 6, 2015 visit was a cortisone injection. The plan after the February 3, 2015 visit was right had carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Occupational Therapy times 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

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

**Decision rationale:** The patient is a 60-year-old male with an injury on 12/13/2010. He had a right wrist fusion and carpal tunnel steroid injections. He was to have carpal tunnel release surgery on 02/03/2015. The request is for 12 postoperative occupational therapy visits. MTUS post surgery guidelines for carpal tunnel surgery has a maximum of up to 3 to 8 postoperative physical therapy visits. Occupational therapy is a form of physical therapy and the requested 12 postoperative visits is not consistent with MTUS guidelines; it is not medically necessary for this patient.