

<b>Case Number:</b>	CM15-0047455		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, Hawaii  
 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 39 year old female, who sustained an industrial injury on June 25, 2013. The injured worker was diagnosed as having bilateral carpal tunnel release. Treatment and diagnostic studies to date have included carpal tunnel release, physical therapy and medication. A progress note dated February 13, 2015 the injured worker complains of wrist pain status post carpal tunnel release left more recent than right. Pain is increased because she can't take pain or anti-inflammatory medication. She has had physical therapy. Physical exam notes swelling of the right wrist and flexor tenosynovitis. The plan includes further physical therapy.

### 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 4 weeks to the left wrist:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 88-89.

**Decision rationale:** The patient presents with wrist pain post carpal tunnel release on the left dated 1/15/15 and post right carpal tunnel surgery on 10/2/14. The current request is for

Occupational Therapy 2 times a week for 4 weeks to the left wrist. The treating physician states, in a report dated 01/26/15, "She was instructed in scar mobilization and range of motion and referred to postop therapy." (26B) The MTUS guidelines state: "The MTUS Post-Surgical Treatment Guidelines recommend 3-8 visits over 3-5 weeks with a maximum treatment time frame of 3 months. The MTUS guidelines for physical medicine/occupational therapy recommend 8-10 sessions for myalgia and neuritis type conditions." In this case, the treating physician's request for 8 OT visits falls within the limits set forth in the MTUS Post-Surgical Treatment Guidelines. The current request is medically necessary and the recommendation is for authorization.