

<b>Case Number:</b>	CM15-0053358		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	06/08/2004
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 53-year-old who has filed a claim for chronic back, neck, and upper extremity pain reportedly associated with an industrial injury of June 8, 2004. In a Utilization Review report dated February 24, 2015, the claims administrator failed to approve a request for six sessions of postoperative occupational therapy for the hand. RFA form received on February 13, 2015 was referenced in the determination, along with a progress note of February 11, 2015. The applicant's attorney subsequently appealed. In a February 11, 2015, the applicant apparently consulted a hand surgeon. The applicant had not worked since 2005, it was acknowledged. Upper extremity paresthesias were noted in the median and ulnar nerve distributions. The applicant had undergone earlier neck surgery, back surgery, and herniorrhaphy. The applicant was on Opana, Norco, Ultram, and Pristiq, it was acknowledged. The applicant was still smoking. The applicant reportedly had electrodiagnostically confirmed cubital tunnel syndrome and carpal tunnel syndrome. A carpal tunnel release procedure and a cubital tunnel release surgery were scheduled on the grounds that the applicant had failed time, medications, physical therapy, and splinting. Earlier electrodiagnostic testing of November 13, 2014 was notable for mild right-sided carpal tunnel syndrome and mild right-sided cubital tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Op occupational therapy (OT) 2 x week x 3 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Yes, the request for six sessions of postoperative occupational therapy was medically necessary, medically appropriate, and indicated here. The request in question does seemingly represent a request for postoperative occupational therapy following planned carpal tunnel and cubital tunnel release surgeries. On February 11, 2015, it was suggested that the applicant was intent on moving forward with a carpal tunnel release procedure and/or a cubital tunnel procedure as of that point in time. The request in question, thus, seemingly represented a first-time request for postoperative occupational therapy following already-planned, seemingly-scheduled carpal tunnel release surgery and/or cubital tunnel release surgery. The MTUS Postsurgical Treatment Guidelines in section 9792.24.3 do support a general course of three to eight sessions of treatment following planned carpal tunnel release surgery and also support a general course of 20 sessions of therapy following cubital tunnel release surgery, also planned here. MTUS 9792.24.3.a.2 further notes that an initial course of postoperative therapy represents one-half of the general course of postoperative therapy. One-half of 20 visits, thus, is 10 visits. The request for six initial postoperative occupational therapy/physical therapy treatment, thus, is in-line with MTUS parameters. Therefore, the request was medically necessary.