

<b>Case Number:</b>	CM15-0060084		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old female, who sustained an industrial injury on 4/29/14. She reported initial complaints of bilateral wrist pain. The injured worker was diagnosed as having wrist pain; ganglion cyst. Treatment to date has included bracing; right wrist carpal tunnel release (10/13/2014); physical therapy; medications. Currently, PR-2 notes dated 2/18/15, the injured worker is a status post left carpal tunnel release; dressings and left wrist splint were removed as well as sutures removed on this date and already experiencing significantly decreased burning pain. She does complain of some numbness and tingling in the left hand median nerve distribution and scar pain. Also, the injured worker is complaining of worsening right carpal tunnel symptoms with noted swelling of the right volar distal forearm. Surgical intervention was discussed and the injured worker has decided to schedule an open right carpal tunnel release with possible flexor synovectomy. The provider has requested occupational therapy 12 sessions for the left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 3 times a week for 4 weeks for the left wrist:** 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:** The claimant is more than one year status post work-related injury and continues to be treated for symptoms of carpal tunnel syndrome. She underwent bilateral carpal releases. An open repeat right carpal release is being planned. Carpal tunnel release surgery is generally an effective operation that should not require extended therapy visits for recovery. Guidelines recommend 3-8 visits over 3-5 weeks with a post-operative period of three months. In this case, the claimant's surgery appears uncomplicated. The claimant has previously undergone carpal tunnel surgery with post-operative therapy and would be expected to be familiar with the treatments that are provided after surgery as well as with a home exercise program. The number of treatments now being requested is in excess of Guideline recommendations. Providing skilled therapy services in excess of that recommended would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. It was therefore not medically necessary.