

<b>Case Number:</b>	CM14-0128780		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 year old male with a reported date of injury on 02/28/2014. The mechanism of injury was not noted in the records. The diagnoses included bilateral carpal tunnel syndrome and left elbow epicondylitis. The past treatments were pain medication, wrist braces, and a TENS unit. There were no diagnostics provided for review. The surgical history included Left Wrist Endoscopic Carpal Tunnel Release on 2014. On 06/30/2014, the subjective complaints were pain to left elbow. The physical examination noted full range of motion to left wrist and left digits. The medications included Voltaren, Ultram, and Protonix. The plan was to continue occupational therapy and medications. The rationale was to increase function and decrease pain. The request for authorization form was date 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy 3 x 4 weeks for the Left Elbow and Left Wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** The request for Occupational Therapy 3 x 4 weeks for The Left Elbow and Left Wrist is not medically necessary. In regards to Occupational Therapy, the California Post-

Surgical Treatment Guidelines state that up to 8 visits may be supported following carpal tunnel surgery and continued visits should be contingent on documentation of objective improvement. The notes document that the injured worker has already received at least 11 sessions of therapy. Additionally the note on 06/30/2014 indicates that she has full range of motion to left wrist and left digits. As the guidelines recommend 8 visits which has been exceeded and there was not adequate documentation of any functional delays or extenuating circumstances to support ongoing therapy the request is not medically necessary.