

<b>Case Number:</b>	CM14-0143804		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Plastic Surgery/Hand Surgery and is licensed to practice in Oregon. 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:

This male was injured in a fall on 7/8/09. He underwent endoscopic carpal tunnel release on 7/25/14. Therapy note dated 8/20/14 after 7 therapy visits noted steady improvement in range of motion and gradual decrease in pain. He was using his hand for light activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative occupational therapy 3x 4 s/p right Endoscopic carpal tunnel release:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines Carpal Tunnel Syndrome , post surgical therapy.

**Decision rationale:** Per the MTUS guidelines, up to 8 visits are allowed for post-surgical therapy for carpal tunnel syndrome. The request for 12 visits exceeds the guidelines and should not be certified. The therapy notes indicate that the patient had recovered motion by his seventh therapy visit. He could have been transitioned to a HEP.