

<b>Case Number:</b>	CM14-0153704		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Orthopedic Surgery and is licensed to practice in California. 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 42-year-old female who injured her left upper extremity on 10/01/13. The medical records provided for review documented that the injured worker underwent left carpal tunnel release on 04/09/14, left carpal tunnel release followed by carpal tunnel flexor tenosynovectomy, and irrigation and debridement procedure on 05/02/14. Following the second surgery on 05/02/14, the injured worker has undergone 12 sessions of postoperative occupational therapy. The progress report on 08/05/14 documented that recent injections to the middle and small digits had been beneficial. Physical examination was documented to show A1 pulley tenderness, no active triggering and normal range of motion of the wrist, elbow, and digits. The recommendation was made for eight additional postoperative occupational therapy sessions for the injured worker's hand, elbow, and digits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy (OT) two (2) times four (4) left hand / wrist, left elbow, left middle and small finger:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** Based on the California MTUS Postsurgical Rehabilitative Guidelines in regards to physical therapy following carpal tunnel release and the MTUS Chronic Pain Guidelines in regards to therapy in the chronic setting, the request for continued occupational therapy in this case is not medically necessary. The medical records document that the injured worker has already exceeded the Postsurgical Guideline criteria for therapy following a carpal tunnel release. The most recent physical examination does not identify any evidence of weakness or motion loss to the wrist, digits, or elbow to support additional therapy. Based on the amount of recent physical therapy performed, it would be unclear as to why continuation of occupational therapy would be indicated. Therefore, this request is not medically necessary.