

<b>Case Number:</b>	CM14-0161374		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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:

This is a 45-year-old female who sustained a vocational injury on 05/02/13. The claimant underwent an endoscopic left carpal tunnel release on 05/09/14. Documentation suggests that the claimant has attended 24 postoperative therapy sessions for the left hand. The office note dated 09/04/14 documented that the claimant complained of soreness of the left proximal palm and felt weakness in the left hand and wanted additional therapy. On examination, there was mild swelling and tenderness of the left proximal palm. Sensory and motor exam were intact bilaterally. She had a positive median nerve right wrist Tinel's Test and negative on the left. She had no tenderness of the left little finger. There was no snapping or locking. Grip strength was equivocal bilaterally. The claimant was provided with a diagnosis of right carpal tunnel syndrome and status post left endoscopic carpal tunnel release with residual weakness. This request is for continued occupational therapy for the left upper extremity times twelve sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy for the left upper extremity, 3 times a week for 4 weeks, QTY: 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Carpal Tunnel Syndrome Procedure Summary last updated 02/20/2014

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

**Decision rationale:** The California Postsurgical Treatment Guidelines note that with documentation of functional improvement, a subsequent course of therapy should be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The frequency of visits shall be gradually reduced or discontinued as the claimant gains independence in management of symptoms and with achievement of functional goals. The Postsurgical Guidelines support 3-8 visits over 3-5 weeks for up to three months following either endoscopic or open carpal tunnel release. The documentation presented for review suggests that the claimant has already exceeded the medically recommended quantity of occupational or physical therapy visits following carpal tunnel release. In addition, the claimant has already exceeded the time frame for which that therapy should be completed. There is a lack of documentation suggesting that the claimant continues to make functional and qualitative objective improvements with continued occupational therapy. There is a lack of documented abnormal physical exam objective findings establishing the medical necessity of continued therapy. There is a lack of documentation of barriers that are in place that would prevent the claimant from transitioning to a home exercise program which would be recommended at this point. It is not clear how additional therapy would be more beneficial than a home exercise program or would continue to improve the claimant's short and long term prognosis given the lack of documented abnormal objective findings. Based on the documentation presented for review and in accordance with California Postsurgical Treatment Guidelines, the request for additional occupational therapy for the left upper extremity times twelve visits cannot be considered medically necessary.