

<b>Case Number:</b>	CM14-0082714		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 9/20/13. A utilization review determination dated 5/22/14 recommends non-certification of post-operative Occupational Therapy. 4/23/14 medical report identifies numbness and tingling in both hands involving the median digits and paresthesia that radiate from the wrist into the fingers. He does have nocturnal symptoms. On exam, there is positive Tinel's and Phalen's. EDS (Electrodiagnostic studies) demonstrated carpal tunnel syndrome. Recommendation was for staged bilateral endoscopic carpal tunnel releases.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Eight (8) occupational therapy visits for the bilateral wrists:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 15.

**Decision rationale:** Regarding the request for post-operative occupational therapy twice weeks for 4 weeks for the bilateral wrists, CA MTUS recommends 3-8 visits over 3-5 weeks, with half that amount recommended initially. Within the documentation available for review, there is no clear indication that the carpal tunnel release surgery has been authorized. Regardless, assuming that it has, the current request exceeds the CA MTUS recommendation of up to 4 postoperative

therapy visits initially. While up to 4 initial sessions would be appropriate after surgery, there is, unfortunately, no provision for modification of the current request to allow for that amount. In light of the above issues, the current request for post-operative eight (8) occupational therapy visits for the bilateral wrists is not medically necessary and appropriate.