

<b>Case Number:</b>	CM14-0096342		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 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 underlying date of injury in this case is 03/04/2013. The date of the original utilization review under appeal is 06/05/2014. This is a request for postoperative therapy subsequent to proposed carpal tunnel release. On 03/24/2014, the patient was seen in hand surgical consultation. The treating surgeon noted that this patient had failed extensive conservative treatment for right carpal tunnel syndrome. The surgeon recommended a right open carpal tunnel release followed by 12 initial occupational therapy visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Occupational Therapy, 12 sessions to right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Postsurgical Guidelines section on carpal tunnel syndrome, page 16, gives a very specific discussion of postoperative therapy for carpal tunnel syndrome with multiple clinical references. This guideline state that the evidence may justify at most 5 postoperative physical therapy visits and

that benefits need to be clearly documented, and prolonged therapy visits are not supported. The guidelines, again, are very specific in this regard. The medical records do not propose a rationale for exceeding these guidelines by more than double. This request is not supported by the treatment guidelines. This request is not medically necessary.