

<b>Case Number:</b>	CM14-0179492		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old female, who sustained an industrial injury on 12/21/2010. Diagnoses include right carpal tunnel syndrome with ongoing stiffness and flexor tenosynovitis status post revision carpal tunnel release wrist arthroscopy with distal ulna wafer excision. Treatment to date has included surgical intervention, medications and occupational therapy. Per the Primary Treating Physician's Progress Report dated 10/08/2014, the injured worker reported numbness and pain and difficulty with tingling and vascular changes in her hand have improved tremendously. She continues to have some wrist discomfort and difficulty with range of motion following the arthroscopy and distal ulna wafer excision. Physical examination revealed well healed surgical incisions with some erythema and mild tenderness through the area of the incision. There was limited range of motion of the wrist. The plan of care included continued therapy and authorization was requested for continuation of occupational therapy for the hand (2x4).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued postoperative occupational therapy to the right wrist and hand twice a week for four weeks (eight sessions total):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 22.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

**Decision rationale:** The patient presents with right carpal tunnel syndrome with ongoing stiffness. The current request is for continued postoperative occupational therapy to the right wrist and hand twice a week for four weeks. The patient underwent Right carpal tunnel release, right wrist arthroscopy with debridement of the scapholunate ligament and triangular fibrocartilage with distal ulna ray for excision on 9/11/14. The treating physician states, in a report dated 10/08/14, she notes, however, that she has improved. She is hopeful for a few more therapy visits and some decreased inflammation before a return to work with her right hand [The patient] was instructed in further work on her range of motion and scar mobilization. She is referred back to therapy for further work on this. (122B) The MTUS Post Surgical guidelines state: Tendon transfer forearm, wrist or hand [DWC]: Postsurgical treatment: 14 visits over 4 months. Postsurgical physical medicine treatment period: 6 months. In this case, there have been 8 documented prior occupational therapy sessions to the right wrist and hand within the past four months, of which the patient noted that she had improved and was hopeful for a few more therapy visits. The treating physician has documented continued pain and loss of range of motion. The post-surgical guidelines allow for 10 sessions of physical medicine for the TFCC debridement and 3-8 sessions for the carpal tunnel release. The current request for 8 additional sessions is within the guidelines and is medically necessary. Recommendation is for authorization.