

<b>Case Number:</b>	CM14-0198438		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/27/2007
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Occupational Medicine, 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 individual is a 52 y/o male who developed right upper extremity problems subsequent to an injury dated 2/27/07. He was treated with an endoscopic carpal tunnel release on 11/13/2013. He completed 12 sessions of postoperative therapy for the carpal tunnel release without documentation of postoperative complications. Subsequently he had right shoulder surgery consisting of a Mumford procedure and biceps tenodesis on Feb. 4, 2014. He has completed 20 plus sessions of postoperative therapy for the shoulder. On 7/4/14 he was evaluated for his shoulder and complained of some pain and stiffness involving the right wrist area. Pillar tenderness was noted bilaterally. Utilization review recommended a denial of 8 sessions of hand therapy and approved an additional 8 sessions of shoulder therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of hand therapy for the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Section

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

**Decision rationale:** MTUS Guidelines recommend for carpal tunnel surgery that up to 8 sessions over a 3-month postoperative period is medically adequate. There are no unusual circumstances that appear to justify an exception to Guideline recommendations. This individual has had 12 sessions of therapy and it is well beyond the 3-month postoperative period. The requesting physician does not document the medical necessity of another 8 sessions of therapy. A few sessions to instruct in continued strengthening and/or desensitization may be reasonable, but the full 8 sessions in addition to the prior 12 sessions is not medically necessary.