

<b>Case Number:</b>	CM15-0002262		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Texas

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery

### 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 69-year-old female who reported an injury on 01/31/2013, due to cumulative trauma. The injured worker's diagnoses included cervical radiculopathy, status post right carpal tunnel release and status post trigger finger release. The injured worker underwent surgical intervention, on 10/22/2014, for a right sided carpal tunnel release and trigger finger release. The injured worker was evaluated on 12/11/2014. Physical examination findings included decreased grip strength rated at 39 pounds on the right and 35 pounds on the left. It was documented that the injured worker had a negative cubital Tinel's on the right side. A request was made for postsurgical occupational therapy with work conditioning. The injured worker's treatment plan included activity modifications at work, and 3 works of occupational therapy and work conditioning. A Request for Authorization was submitted on 12/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative occupational therapy with work conditioning, QTY: 2x3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening/Work Conditioning Page(s): 124, Postsurgical Treatment Guidelines Page(s): 14, 19.

**Decision rationale:** The post-operative occupational therapy with work conditioning, QTY: 2x3 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does support the use of postoperative occupational therapy. However, the injured worker's treatment plan does not include surgical intervention for the left wrist. The injured worker had surgical intervention for the right wrist on 10/22/2014. The clinical documentation submitted for review does not clearly identify objective improvements regarding any occupational therapy following surgical intervention in October. Additionally, the quantity of therapy is not provided. Furthermore, the request as it is submitted does not specifically identify a body part. California Medical Treatment Utilization Schedule also recommends work conditioning following a plateau in physical therapy to assist with the returning the injured worker to work. The clinical documentation does not indicate that there has been a plateau in therapy and a more intensive physical therapy is requested. As such, the requested post-operative occupational therapy with work conditioning, QTY: 2x3 is not medically necessary and appropriate.