

<b>Case Number:</b>	CM15-0109364		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	09/21/2000
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California

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 64 year old female, who sustained an industrial injury on September 21, 2000, incurring left and right wrist and hand injuries. She was diagnosed with bilateral carpal tunnel syndrome. She underwent a right carpal tunnel release, right middle, ring and small trigger finger release. Treatment included pain medications, anti-inflammatory drugs, topical analgesic creams, neuropathic medications, bracing, wrist splinting, rest, and home exercise program and work modifications. Currently, the injured worker complained of persistent weakness, pain with muscle spasms in the left hand. In May, 2015, the injured worker underwent a left carpal tunnel release. The treatment plan that was requested for authorization included twelve occupational therapy post-operative sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 occupational therapy post-op sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Post-Surgical Treatment Guidelines, Carpal Tunnel Syndrome, page 6.

**Decision rationale:** The patient underwent left carpal tunnel release on 5/11/15. Current request for 12 post-op visits were modified for 4 sessions in accordance to the post-surgical guidelines. The Post-surgical treatment guidelines for post carpal tunnel release recommend 3-5 therapy visits over 3-5 weeks over rehab treatment period with benefits needing to be documented after the first week as prolonged therapy visits are not supported. The patient had 4 post-op sessions authorized without fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated support for further treatment without any noted post-operative complications or extenuation circumstances outside guidelines recommendations. The patient has received enough therapy sessions recommended for this post-surgical period. The 12 occupational therapy post-op sessions is not medically necessary or appropriate.