

<b>Case Number:</b>	CM15-0010803		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	11/20/2003
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 48 year old female patient, who sustained an industrial injury on 11/20/2003. A primary treating office visit dated 12/30/2014 reported the patient presenting with complaint of left hand pain. She is post-operative having had recently undergone left arthroscopic acromioplasty and distal claviclectomy. In addition she is status post right endoscopic carpal tunnel release bilaterally and status post anterior discectomy with fusion at C6-7. She had received requested therapy as prescribed with good outcome, and gain. She is projected to improve function and functional restoration with additional therapies of which are being extended at that time. The plan of care involved discontinuing the following medications; Vicodin 5/300, Soma, Cimetidine, Prilosec and Ibuprophen. The patient's work status is with modified duties and she is to follow up in a month. On 01/12/2015 Utilization Review non-certified a request for occupational therapy 6 sessions, noting the CA MTUS, Post-Surgical Treatment Guidelines was cited. the injured worker submitted an application on 01/20/2015, for independent medical review of requested services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy twice a week for three weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-278, Chronic Pain Treatment Guidelines Occupational Therapy and Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 15-16.  
Decision based on Non-MTUS Citation MD Guidelines, Carpal Tunnel Syndrome

**Decision rationale:** MTUS Postsurgical Treatment Guidelines for Carpal Tunnel Syndrome cite limited evidence demonstrating the effectiveness of PT (physical therapy) or OT (occupational therapy) for CTS (carpal tunnel syndrome). The evidence may justify 3 to 5 visits over 4 weeks after surgery. MTUS continues to specify maximum of 3-8 visits over 3-5 weeks. MD Guidelines similarly report the frequency of rehabilitative visits for carpal tunnel (with or without surgical treatment) should be limited to a maximum of 3-5 visits within 6-8 weeks. In this case, the patient has received sessions of occupational therapy after her carpal tunnel release. The treating physician has not provided medical documentation to explain why the previous occupational therapy and home exercise program is not sufficient and why occupational therapy needs to be extended at this time. As such, the request for Occupational Therapy 6 sessions is not medically necessary.