

<b>Case Number:</b>	CM15-0127969		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 56 year old female, who sustained an industrial injury on 12/8/11. She has reported initial complaints of left hand pain. The diagnoses have included bilateral upper extremity overuse syndrome, bilateral; wrist tendinitis, bilateral median neuritis with bilateral carpal tunnel syndrome with left worse than right and status post endoscopic carpal tunnel release on the left. Treatment to date has included topical analgesic medications, labs, diagnostics, bracing/splinting, surgery, occupational therapy, activity modifications and other modalities. Currently, as per the physician progress note dated 5/20/15, the injured worker complains of pain at the base of the left hand with persistent numbness in the index middle ring finger. The objective findings reveal that there is pain in the hook of hamate from the digits. There is no previous diagnostic studies noted on the records. The previous occupational therapy sessions are noted. The physician requested treatment included Occupational therapy 2 times a week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 times a week for 6 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 15.

**Decision rationale:** This patient is status post carpal tunnel release on the left on 04/17/15 and presents with residual pain. The current request is for Occupational therapy 2 times a week for 6 weeks. The RFA is dated 06/08/15. Treatment to date has included medications, labs, diagnostics, bracing/splinting, surgery (CTR left on 04/17/15), occupational therapy, and activity modifications. For Carpal Tunnel Syndrome, MTUS post-surgical guidelines page 15 allows for 3-8 sessions over 3-5 weeks. Per report 05/20/15, the patient is status post left CTR on 04/17/15 with pain at the base of the left hand with persistent numbness in the index middle ring finger. Occupational progress reports state that the patient continues to exhibit pain and weakness in the left UE/hand and is unable to bear weight. Recommendation was for additional therapy to address residual symptoms. The patient has participated in 12 post-operative physical therapy sessions with some progress, but has not met all her goals. In this case, the requested additional 12 sessions exceeds MTUS guidelines, which allow for 5-8 sessions following a carpal tunnel release. In addition, there is no discussion as to why the patient cannot transition into a self-directed home exercise program. This request is not medically necessary.